

EMPLOYEE ACCIDENT REPORT
Employee Accident and Investigation Report

1. Employee Name _____
2. Employee Social Security Number _____
3. Home Address _____
4. Home Telephone _____
5. Title _____
6. Date of Birth _____
7. Date of Accident _____
8. Time of Accident _____
9. Place of Accident _____
10. Nature of Injury _____
11. Employee's Work Location _____
12. (a) Shift _____ (b) Employment Date _____
13. Pass Days _____
14. Employee Remained on Duty _____ [] Yes [] No
15. Employee Required Medical Attention _____ [] Yes [] No
If so, where _____
16. Employee Lost Time _____ [] Yes [] No
17. Dates Employee Lost Time _____
18. Statement of Employee _____

19. Signature of Employee _____ 20. Date _____
21. Name(s) of Eyewitnesses with Statement _____

22. Supervisor Statement (Include when you were first notified.) _____

23. Supervisor Signature _____ 24. Date _____
25. Supervisor Office Phone No. _____