

## EMPLOYEE ACCIDENT REPORT

### Part I. Injured Employee's Statement:

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 2\_\_ at \_\_\_\_ AM/PM, I sustained an injury to my *(part of body)* \_\_\_\_\_ which occurred as follows:

*(Describe the accident in detail, stating part or parts of body injured, indicating left, right, etc.)*

Have you had any previous accidents? YES/NO If yes, when? \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Where did accident occur? \_\_\_\_\_

Name of witnesses: \_\_\_\_\_

To whom did you report the accident? \_\_\_\_\_

Date and Time Reported: \_\_\_\_\_

Date of this Report: \_\_\_\_\_

Signature of employee: \_\_\_\_\_

Address: \_\_\_\_\_

### Part II. Department Head Report:

Nature of Injury: \_\_\_\_\_  
*(state employee's complaints and part of body injured)*

Employee sent to: \_\_\_\_\_  
*(state name and address of doctor and/or hospital)*

Did employee report back to work? YES/NO Date returned to work: \_\_\_\_\_

\_\_\_\_\_  
Department Head/Date