



ACCIDENT REPORT

Class:

Date:



Name of Injured:

Social Security #:



Age:

Sex:

Date of Accident:

Time of Accident:

Location:

Nature of Injury:

Description of Accident:

Was proper safety equipment used (Y/N)

If No, why not?

Home Address:

Home Phone:

Cell Phone:



Cause of Accident:



What happened immediately after the injury:

Was professional medical care given? If so, details:

Signature of Injured Employee/person

Date



QUESTIONS FOR ABC STAFF (WHO WILL BE THE CONTACT PERSON FOR OUR INSURANCE COMPANY)

NAME _____

POSITION _____

HOW DID THE INJURY OCCUR? _____

WHEN WAS THE INJURY REPORTED _____

TO WHOM WAS THE INJURY REPORTED _____

WAS THE CLAIMANT IN THE COURSE AND SCOPE OF EMPLOYMENT? _____

WERE THERE WITNESSES? _____

NAMES/ADDRESSES/PHONE NUMBERS _____

DAYS WORKED PER WEEK _____

DESCRIPTION OF CLAIMANTS JOB (E.G. PHYSICAL REQUIREMENTS) _____

WAGES _____

DATE OF HIRE _____

DESCRIPTION OF WORK HABITS (E.G. GOOD EMPLOYEE? PROBLEMS?) _____

PERTINENT SOCIAL HISTORY (E.G. PHYSICAL HOBBIES, SUBSTANCE ABUSE PROBLEMS).

AWARE OF ANY CURRENT DISABILITIES _____ IF YES EXPLAIN: _____

Signature (ABC Representative)

Date