

EMPLOYEE'S STATEMENT OF INCIDENT
(To be completed by injured employee)

Name: _____ Phone Number-Day: _____

Address: _____ Phone Number-Night: _____

City: _____ State: _____ Zip Code: _____

Department: _____ Job: _____ Supervisor: _____

Date & Hour Injury Occurred: _____

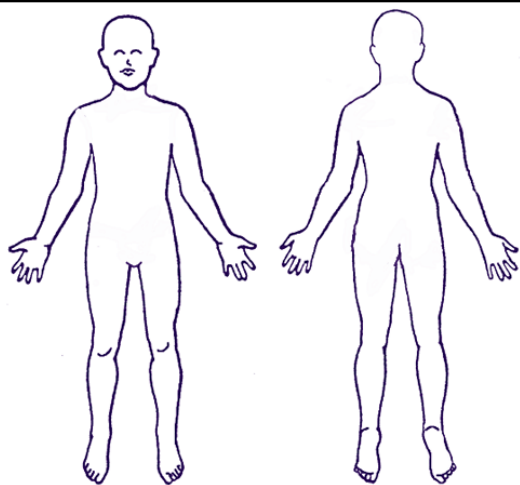
Where did this occur: _____

Date & Hour You Notified Employer: _____

Reported to Whom: _____

Names of Witnesses: _____

Explain exactly what happened:



Describe the nature of all injuries, identifying the parts of your body that were injured; please circle parts of body injured on diagram.

What were you doing at time of injury?

Describe anything you were doing differently than usual.

Have you had complaints to the same part of the body in the past? _____

Date & Time you first saw doctor: _____

Names of all doctors you have seen for injury: _____

First full day/shift missed due to this injury: _____

I have read the above statement and it is true and complete to the best of my knowledge.

Employee's Signature: _____

Date: _____