

**REPORT OF ACCIDENT/INJURY/NEAR MISS FOR EMPLOYEES**

***To be completed by the Injured Individual (please print or type)***

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Street Address/City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of Injury or Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Were there any witnesses to the incident? If yes, provide name and contact information.
6. When did you first report this injury or accident?: Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_
7. To whom did you report this injury or accident?: Name and Contact Information
8. How did you report this injury or accident? (Phone call, verbal, email?)
9. Describe what you were doing when you were injured:
10. Describe the type of injury or accident (cut, scrape, sprain, break, other, be specific):
11. What part(s) of the body were affected by the injury or accident? Be specific (left/right/hands/legs/foot/etc):
12. Did you finish work the day of the injury or accident? Yes \_\_\_ No \_\_\_\_
13. If yes, were you able to perform the essential functions of your position or were you on modified duties?
14. Did you receive medical treatment: Yes \_\_\_\_ No \_\_\_\_\_
15. Describe the medical treatment you have received or are schedule to receive:
16. Who provided the medical treatment? Provide the name and address of the individual/facility where you received treatment.

*I certify that the information I have provided above is true and correct to the best of my knowledge and belief. I also understand that if I answered “no” to item #14 and I seek medical treatment at a later date, that I will notify the Office of Human Resources immediately. I also understand that I will provide the Office of Human Resources with a copy of all medical reports related to the injury or accident described herein.*

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_