

SUPERVISOR'S REPORT OF AN ACCIDENT

Date: _____ Exact time reported to you: _____

Injured Employee's name: _____

Who reported it? _____

Names of witnesses: _____

Described the accident: _____

Did the accident require a doctor's treatment? _____

Name of Doctor seen: _____

Date and time of next doctor appointment: _____

Was this Employee competent and skillful in his/her job? _____

What were the causes? _____

Will this be a lost time case? _____

Has this employee had other industrial injuries? _____

How many? _____

Describe actual injury: _____

Employee Address: _____

Phone: _____ Employment Date: _____

Social Security #: _____ D.O.B.: _____

Wage: _____

Name of Insurance Co.: _____ Name: _____

Reported to Insurance Co./Date: _____

Comments: _____

Signature: _____ Date: _____