



## EMPLOYEE'S REPORT OF INJURY

Dear Employee:

We received a report that you were injured in the course of your employment. To process your claim efficiently, please fill in all lines completely and print legibly. **Attach additional sheets if necessary.**

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Gender: ☐ M ☐ F  
Last First M.I. Maiden  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Secondary Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Schedule: \_\_\_\_\_

1) What was the exact location of the accident? Include street address if possible:

2) What was happening at the time? What was going on around you, what were you doing, what were other people doing?:

3) Briefly describe what exactly caused the injury:

4) What areas of your body were injured?

5) When and to whom did you report your injury? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6) List all known witnesses (continue on back if necessary): 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

7) Who is your Primary Care Physician or family doctor? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

8) Please list the names and phone numbers of all doctors or treatment providers you have seen for your injury:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

9) Has a doctor taken you off work? ☐ Yes ☐ No If Yes, when was the first day you missed work? \_\_\_\_\_

10) If the doctor took you off of work, have you returned to work? ☐ Yes ☐ No If No, when do you think you will return to work? \_\_\_\_\_

11) Date of Last Appointment: \_\_\_\_\_ Date of Next Appointment: \_\_\_\_\_

12) Have you had previous workers compensation injuries? ☐ Yes ☐ No If Yes, please enter injury dates and body parts injured: \_\_\_\_\_

*By affixing my signature, I attest that all information on this form is accurate and true:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_