

First Report of Work Injury

SECTION A

ACCIDENT/INCIDENT DETAILS

REPORTED BY:

Name: _____

Address: _____
Street Address City State Zip Code

Contact Information: () ()
Primary Secondary

Department: _____

Supervisor: _____ Contact Information: _____

Date and Time Accident/Incident	Date and Time Reported	LOCATION OF INCIDENT/ACCIDENT
____/____/____ Month Day Year ____ A.M. ____ P.M.	____/____/____ Month Day Year ____ A.M. ____ P.M.	Location: 

INCIDENT TYPE: (Check All That Applies)

- Personal Injury/Illness
- Vehicle Accident
- Property Damage
- Work Related
- Other

FULL NAME OF INJURED PARTY: _____ DATE OF BIRTH: _____ SSN/ID NUMBER: _____

WERE ANY OF THE FOLLOWING CONTACTED: Y=Yes N=No (Check All That Applies)

SUPERVISOR: Y N

POLICE: Y N

EMERGENCY MEDICAL STAFF: Y N

WHAT HAPPENED TO THE INJURED PARTY: First Aid Administered Refused Treatment/Transport Left With Friend
Transported to Hospital Returned to Work Went Home Went to Physician Unknown

SECTION B

PERSONAL INJURY

(For Additional Information Refer to Work Comp Manual)

Cause of Injury: _____ Part of Body Injured: _____ Multiple Injuries: Y N

Witness Name(s): _____ Contact Info: _____

Witness Name(s): _____ Contact Info: _____

WAS INJURY A RESULT OF THE USE A MOTOR VEHICLE: YES NO (If yes, complete Section C)

SECTION C

AUTO ACCIDENT ONLY

DRIVER/VEHICLE INFORMATION

Name of Insured: _____	Name of Other Driver: _____
Department: _____	Driver's License Number: _____
Driver's License Number: _____	DOB: ____/____/____ State: _____
DOB: ____/____/____ State: _____	Description of Vehicle: License Plate Number: _____
Description of Vehicle: License Plate Number: _____	Make: _____ Model: _____ Year: _____ Color: _____
Make: _____ Model: _____ Year: _____ Color: _____	Insurance Carrier: _____
Owner: _____	Policy Number: _____ Phone Number: _____

SECTION D

PROPERTY DAMAGE ONLY

Cause of Damage(s): _____ Building/Property Secured: Yes No

Was Building Occupied: Yes No Was anyone injured: Yes No

Witness Name(s): _____ Contact Info: _____

Witness Name(s): _____ Contact Info: _____

SECTION E

NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURIES/DAMAGES

(Please give a detailed description of what happened)

I hereby certify that the above information is true and correct to my understanding of this incident.

Print Name **Signature** **Date and Time**