

EMPLOYEE ACCIDENT REPORT

Please Print. You are expected to answer the following questions honestly, provide truthful information.

Date: _____

1. Name _____ 2. Department _____

3. Position _____ 4. Marital Status _____

5. Number of Children under the age of 18 _____

6. Accident Location _____ 7. Date of Accident _____

8. Names of individuals at the accident site _____

9. Names of witness(es) who saw the accident _____

10. Describe in detail how the accident occurred _____

11. What part of the body was affected _____

12. List safety equipment worn, if any, at the time of the accident _____

I, _____, acknowledge that the information provided is a full and truthful account of the accident that occurred on _____, 20____.

Employee Signature