

*****SUPERVISOR'S ACCIDENT/INCIDENT REPORT*****

Injured Employee's Name: _____ Sex: F / M Age: _____ Date Hired: ____/____/____

Injured Employee's Address: _____ Date of Birth: ____/____/____

Injured Employee's Telephone #: _____ Date of Accident: ____/____/____

Time of Accident: ____:____ AM / PM Time Employee Began Work ____:____ AM / PM

Date of Report, if different: from Date of Accident: ____/____/____ Case # from OSHA 300 log (if any): _____

What does the employee allege he/she was doing just before the incident occurred? _____

What does the employee allege happened? _____

Describe Injury/Illness in detail and indicate part of body affected (ex. bruise left elbow, fracture right foot, rash left hand):

Object/Substance Directly Caused Harm: _____

Witnesses: _____

Name & Address of Physician: _____

If hospitalized/treated offsite, name and address: _____

Hospitalized Overnight In-Patient? Yes / No Treated in Emergency Room? Yes / No Did employee die? Yes / No , if yes, date: _____

What action has been taken to prevent reoccurrence? _____

Report prepared by: _____ Title: _____ Ph:(____) _____ - _____

-----(*C-2 Specific Workers' Comp Claim Information*)-----

On / Off Premise -Where accident occurred if off: _____ Soc. Sec. #: _____

Job Title: _____ Dept: _____ Total earnings paid during 52 weeks prior:\$ _____

Last Day Worked: ____/____/____ Date Returned to Work, if applicable: ____/____/____ at what wage? \$ _____

Full / Part Time -No of days worked/week: _____ days/ week Gross Average Weekly Wage: \$ _____/ week

ANY PERSON WHO KNOWINGLY & WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME, PUNISHABLE BY LAW.

I have read this report and all of its content is correct. _____ /____/____

Employee Signature

Date

(Satisfies the OSHA 301 Report Form & includes disclaimer from the C-3)