

Employee Statement

Employer: _____

Department/Division: _____

Employee name: _____

Phone: (____) _____ - _____
Last First Middle Initial

Address: _____

Street Apt. #
City St. Zip Code

Employee D. O. B.: _____ Social Security Number: _____

Date of Injury: _____ Time: _____ a.m. p.m.

Accident Information

Where did Injury Occur? _____

Describe Injury: _____

Area of body injured: _____

Witnesses: Yes No

Name(s): _____

Employee Job Title: _____

Date reported to Supervisor: _____ Supervisor's Name: _____

Job being performed at time of Injury: _____

I certify this is a true and accurate report of the circumstances which occurred on the date of my injury stated above:

Signature of Injured Employee: _____

Date Signed: _____ Witness: _____