

**EMPLOYEE
 STATEMENT OF
 INJURY**

EMPLOYEE INFORMATION

EMPLOYEE NAME	JOB TITLE	DEPARTMENT	DATE OF HIRE

PHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX

ACCIDENT INFORMATION

WHERE DID THE ACCIDENT OCCUR? PLEASE PROVIDE ADDRESS			
TIME OF ACCIDENT/INJURY			
BODY PART INJURED			
NAME, ADDRESS, AND PHONE NUMBER OF WITNESSES, IF ANY.			
HOW DID THE INJURY OCCUR? (PLEASE BE SPECIFIC)			
WHAT WAS THE SOURCE OF THE INJURY?			
HAVE YOU EVER INJURED THIS BODY PART BEFORE?	Y	N	IF SO, WHEN AND WHERE?
PRINT NAME		SIGNATURE	
PHONE NUMBER		DATE	
EMAIL ADDRESS			