

TO BE COMPLETED AND SIGNED BY THE EMPLOYEE AS SOON AFTER THE INCIDENT AS POSSIBLE

INCIDENT REPORT

Employee Name: _____ Employment Location: _____

Home Address: _____ Employee SS # _____/_____/_____

_____ Date of Birth: _____ Male/Female

Telephone No.: _____ Job Title/Occupation: _____

Shift: _____ Date of Hire: _____

Date of Incident: _____ Time of Incident: _____ am/pm

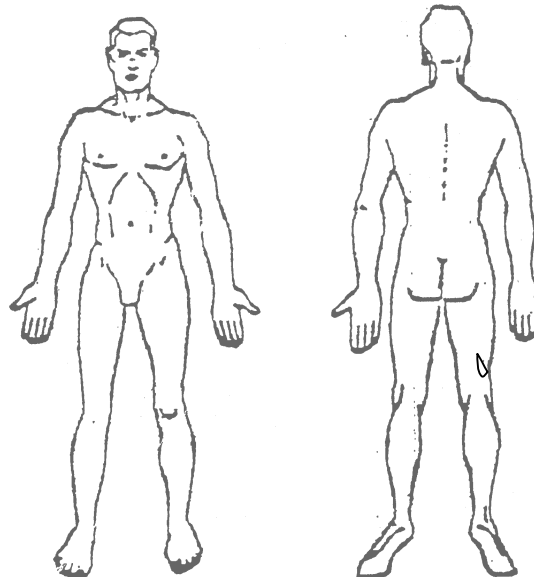
Location of Incident: _____

Are you reporting this accident as an industrial injury? Yes No

Describe your activities at the time of the incident. _____

Describe how the injury occurred: _____

Specifically list what parts of your body were involved and circle on the diagram.



List the full name and title/position of all witnesses to the incident:

Where were the witnesses located at the time of the incident? _____

Did you immediately report the incident to your Employer? Yes No

If so, list first and last name and position _____

If not, why not? _____

Did you receive first aid treatment on site? Yes No From Whom? _____

What type of first aid did you receive? _____

Did you seek initial medical treatment from a hospital or doctor? Yes No

Date and time: _____

List name of hospital/doctor and city located: _____

Describe treatment: _____

Diagnosis/nature of injury/illness: _____

Were you released to return to your regular job? Yes No To light duty? Yes No

If light duty, list restrictions given: _____

Have you ever previously injured the body part(s) involved in the present injury? Yes No

When? _____

Was the previous injury work related? _____

List the name, city and phone number of all doctors and hospitals who treated you previously and what parts of your body they treated. _____

MEDICAL RELEASE: I authorize my doctor, medical facility and/or insurance company to release any diagnosis, medical records, records of medical expenses paid or settlements relating to this injury or any other illness or injury to my employer, by and through Wickens, Herzer, Panza Cook & Batista, A Legal Professional Association.

Employee's Signature

Date