

INFORMATION FOR INJURY REPORT

Date of Injury: _____

Today's Date: _____

Name: _____

Address: _____

Age: _____

Phone#: _____

Circle one: Single Married Divorced Legally Separated Widowed

Circle shift you were working: DAY EVENING

NIGHT OTHER: _____

Exact location where accident happened: _____

City: _____ State: _____

Time of Injury: _____ Witnessess: _____

What were you doing when the accident or injury occurred: _____

What is the location of the injury: _____

What is the nature of the injury: _____

Was anyone else injured: _____ If so, give their Name: _____

Time lost from work, if any: _____

Additional comments:

SIGNATURE _____

Bill to:

Claim# _____ Contact Name: _____

Contact Number: _____