ACCIDENT REPORT

Bodily Injury

Employee's Name	Date of Birth	Sex: Male ☐ Female ☐
Job Position/Title	Superviosr's Name	
Date and Time of Accident	Location	

(1) Witnesses or Persons Who can Identify	(2) Witnesses or Persons Who can Identify
Name:	Name:
Address:	Address:
Phone No.	Phone No.
If there are more than two witnesses, write information on a separate form.	If applicable, attach signed statements wehich have been witnessed.

Accident resulted in: Injury ☐ ☐ Fatality Property Damage ☐		
First Aid Given: Yes ☐ No ☐	Medical Treatment Required: Yes ☐ No	Work Days Lost:

Describe how accident occurred:
What part of the body was injured:
Describe the injuries in detail:
What actions, events, or conditions contributed most directly to this accident?
Could anything be done to prevent accidents of this type? If so, what?

Signature of Employee	Date
Signature of Supervisor	Date