

Employee Statement

Your Name: _____ Phone: _____

Address: _____

Job Title: _____ Years Employed: _____

Department: _____ Division: _____

Supervisor's Name: _____ Phone: _____

Description of Accident:

Date of Accident: _____ Time of Accident: _____

Place where accident occurred:

What activity were you doing when accident occurred?

Exactly what happened to cause the injury?

Specify your injury(s): (Be specific: left, right, etc.)

Your Signature _____ Date: _____