



Accident Statement (employee)

Employee Name:		Date:	
Department:			
Home Address:	City:	State:	Zip:
Home Phone:			
Accident Details			
Name of Supervisor:			
Date of Accident:		Approximate Time of Accident:	
Did you report this accident to your supervisor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Accident Statement	
How did the accident occur? What happened? What did you do? Location? (Use additional sheets of paper, if more space is needed)	

Employee Signature:	Date:
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