**Employee Statement of Injury**

|  |  |
| --- | --- |
| Employee Name       | SS #       |
| Date of Birth       | Marital Status       |
| Address       |
| City       | State       | ZIP       | Home Telephone # (   )       |
| Date of Injury       | Time        |
| Name of company where you were working at the time of the injury:       |
| Description of accident (continue on back of page if necessary):       |
|       |
|       |
| Have you lost any time from work after the date of the injury? [ ]  Yes [ ]  No |
| Specify lost dates/times:       |
| Was lifting involved in the injury? [ ]  Yes [ ]  No |
| If yes, give approximate weight of the item(s) lifted:       |
| Was anyone assisting you? [ ]  Yes [ ]  No | Name of Person:       |
| If yes, explain:       |
| What was the nature of your injury (cut, bruise, strain, etc.)?       |
| What part of your body was injured (finger, knee, etc.)?       |
| Was there any equipment involved? [ ]  Yes [ ]  No |
| If yes, describe:       |
|       |
| What could you have done to prevent the accident?       |
| Were you performing your normal job duties at the time of the injury? [ ]  Yes [ ]  No |
| If no, explain:       |
| Was personal protective equipment (gloves, goggles, hardhat, etc.) required for this job? [ ]  Yes [ ]  No |
| If yes, was the equipment provided? [ ]  Yes [ ]  No | Was it being used? [ ]  Yes [ ]  No |
| Explain:       |
| Was the accident witnessed? [ ]  Yes [ ]  No |
| List witnesses below: |
| #1 Name       | Home Telephone # (   )       |
| #2 Name       | Home Telephone # (   )       |
| #3 Name       | Home Telephone # (   )       |

***The above is a true and correct account of the incident.***

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers’ compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.*