**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.*