

## Statement of Workplace Accident

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_

On: Date: \_\_\_\_\_ Time of day: \_\_\_\_\_ while I was working on a

Job at: \_\_\_\_\_, I was injured because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body part affected: \_\_\_\_\_

Equipment being used at the time: \_\_\_\_\_ ex: power saw

Type of work being performed at the time: \_\_\_\_\_

\_\_\_\_\_ ex: framing wall

Specific activity at time of accident: \_\_\_\_\_

\_\_\_\_\_ ex: cutting 2X4

Any safeguards or safety equipment being used at the time: \_\_\_\_\_

Went for treatment to: \_\_\_\_\_

\_\_\_\_\_

I was out of work from \_\_\_\_\_ to \_\_\_\_\_

Witness to the accident was: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_