

EMPLOYEE'S REPORT OF INJURY

Dear Claimant:

We have received a report that you were injured in the course of your employment. In order for us to process your claim efficiently, please fill in all lines completely and print legibly. **Attach additional sheets if necessary.**

- 1. Name: _____ Social Security: _____
LAST FIRST MI MAIDEN
- 2. Give your current home address: _____
- 3. By whom are you employed? _____
- 4. What is your job title/description? _____
- 5. What are your monthly wages? _____ 6. How many days per week do you work? _____
- 7. On what date were you injured? _____
- 8. What was the exact location of the accident (street address if possible)? _____

- 9. How did the accident happen? _____

- 10. What part of your body was injured? _____
- 11. When did you report this accident? _____
- 12. To whom did you make your accident report? _____
- 13. List name(s), address(es), and telephone number(s) of witness or witnesses: _____

- 14. Name, address, and telephone number of physician who provided treatment: _____

- 15. When did you first receive treatment? _____
- 16. When did you stop working as a result of your accident? _____
- 17. Name, address, and telephone number of doctor presently treating you: _____
- 18. When were you last treated? _____
- 19. Have you returned to work? _____ If so, when? _____
- 20. Have you lost any wages on account of your accident? _____
- 21. Have you ever had a previous injury claim? _____ If so, describe: _____

(dated) _____

(signed) _____