

Employee Accident Statement

SAMPLE

Name of Employee: _____ Date & Time of Accident: _____

Location of Accident: _____ Department: _____

Task Being Performed: _____

Equipment Being Used: _____

Body Parts Injured: _____

Statement of Events:

In an effort to make our workplace accident free, we would like your assistance in trying to prevent a similar accident from occurring again. Could anything have been done to prevent this accident (additional training, different equipment, protective devises, etc)?

Please read the statement below and sign form:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Employee Signature: _____ Date _____

Did the employee refuse to sign or complete this form? Yes [] (sign below)

Supervisor's Signature: _____ Date: _____