

APPENDIX 6.17-3

EXAMPLE REPORT OF INDUSTRIAL INJURY

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1. Name: \_\_\_\_\_ 6. Home Telephone No.: \_\_\_\_\_

2. Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Region/Division: \_\_\_\_\_ 7. Department: \_\_\_\_\_

4. Social Security No.: \_\_\_\_\_ 8. Date of Accident: \_\_\_\_\_

5. Occupation: \_\_\_\_\_ 9. Time of Accident: \_\_\_\_\_

10. Location of Accident: \_\_\_\_\_

11. Nature of Injury: \_\_\_\_\_ Part of Body: \_\_\_\_\_

12. What were you doing and how did accident occur? \_\_\_\_\_  
\_\_\_\_\_

13. Third Party Information: \_\_\_\_\_

14. Describe First Aid Rendered: \_\_\_\_\_

15. Witnesses to Accident: \_\_\_\_\_

16. Date Injury Reported: \_\_\_\_\_

17. Did you lose time from work beyond date of injury? Yes No

18. Did you receive medical treatment other than first aid? If yes, indicate name and address of medical provider: Yes No  
\_\_\_\_\_

19. Do you need medical treatment other than first aid? Yes No

20. \_\_\_\_\_ 21. \_\_\_\_\_

*Signature of Employee*

*Signature of Supervisor/Telephone No.*

22. Date this form prepared: \_\_\_\_\_