

# EDELMAN

## ACCIDENT REPORT

Use Back of Form If Necessary

### **Employee Information**

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

Date of Hire: \_\_\_\_\_ Manager: \_\_\_\_\_

### **Facts of Accident or Injury**

Injury     Illness     Property Damage     First Aid     No Injury/Illness

Where did incident occur? \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM/PM

Date Reported: \_\_\_\_\_

What was the employee doing when the accident or injury occurred? \_\_\_\_\_

Explain how the incident occurred. List events that resulted in injury or incident, what happened, how it happened and any witnesses that were present.

Describe injury and treatment to date. In addition, please list name, address and phone numbers for any medical facilities or physicians with whom you have treated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor or HR Signature \_\_\_\_\_ Date \_\_\_\_\_