



Employee Injury Accident Report

ON TRAC EMPLOYEE INFORMATION

Employee Name: _____ Phone: _____

SS#: _____ - _____ - _____ Date of Birth: _____ Age: _____

Address/State/Zip: _____

Marital Status: Single Married Number of Children under age 18: _____

Have you ever filed a WC Injury? YES NO If "YES", when: _____

Give a brief description of injury: _____

ON TRAC ACCIDENT WORK INFORMATION

Operation location: _____ Project Manager: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: _____ Part of Body Injured: _____

In your own words, what caused the accident: _____

Describe all events leading to the accident: _____

Indicate site of injury and what tools or equipment caused or were involved in injury or accident: _____

What do you feel could have been done to prevent this from happening again: _____

Employee Signature: _____ Date: _____