

Received in HR \_\_\_\_\_

**EMPLOYEE ACCIDENT REPORT**

**Employee Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Job Position/Title** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Days Worked** \_\_\_\_\_ **Shift Hours** \_\_\_\_\_

**DATE & TIME of Accident** \_\_\_\_\_ **Location** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_ **Date Dept. Head Notified** \_\_\_\_\_

**Please provide the year, make, model, color, license plate, and any other information regarding the equipment/property damaged.**

**Name(s) of Witness(es)** \_\_\_\_\_

**Describe how the accident occurred**

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

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_