

Town of Red Springs

Accident Investigation FORMS

Accident investigation forms/statements **should be filled out** by the **injured employee, the supervisor and any witness** to the accident.



How To Use These Important Tools

Includes:

Employee's Report
of Injury Form

Accident Witness
Statement Form

Supervisor's Accident
Investigation Form

IMPORTANT - Obtaining signed statements as soon as possible following an accident insures that the employer has an accurate account of how the injury occurred, helps correct hazards to prevent the accident from recurring, and assures the employees claim is documented.

After I have these forms completed - what do I do with them?

Promptly submit your completed forms to the Human Resources department. The supervisor should also keep copies of the forms for future reference.

The Town of Red Springs has retained North Carolina League of Municipalities as our independent claim adjusting firm to handle claims for injured employees. After the injury is reported to the HR department, a representative from NCLM will contact the employee regarding case management of their injury.

What if my injured employee is physically unable to fill out the Employee's Report of Injury?

Use common sense and good judgment. If the injury is severe - remember, your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the accident.

What if my employee refuses to fill out or sign an Employee's Report of Injury?

Of course, you cannot make an employee fill out the document. You can however stress the importance of getting "their" account of the accident to help prevent the injury from happening again. Also, still obtain the supervisor's report as well as any witness statements.

What if my Employee has retained an attorney - Can I still ask the injured employee to fill out an Employee's Report of Injury?

Yes - you, the employer as part of your company's accident management plan, can still ask the employee to fill out the report form.

Employee's Report of Injury

(To be completed by the employee only.)

Employee's name: _____ Male _ Female _
Last First Middle

Date of birth: / / Home telephone #(_____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Present classification: _____ How long employed here: _____

Social security No.: _____ - _____ - _____ Bi-weekly salary: _____

Location of accident: _____
Address Area (loading dock, bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring: _____

Name of supervisor: _____ Phone# _____
Last First

Name(s) of witness(es): _____ Phone# _____
(Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

Who did you report the injury to? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Name of your treating physician: _____ Phone# _____

Signature of employee: _____ Date: _____

Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Ph# _____
Last First Middle

Job title of witness: _____ How long employed here? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of accident: _____
Address/Name of building Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Name of Witnesses Supervisor: _____ Ph# _____
Last First

Signature of Witness: _____ Date: _____

