



## Employee Accident Report

Employee's Name:

Home Address:

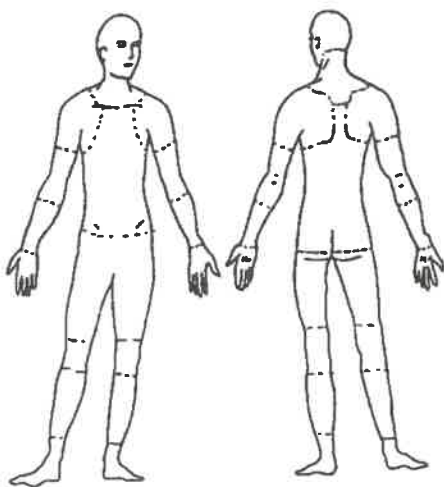
Date of Injury:

Time of Injury:

Phone Number:

Please explain how accident occurred in the space provided below:

Describe injury in detail and indicate the affected body parts.



Employee's recommendations to prevent future accidents of similar circumstance:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_