English/Español

IWIF

Accident Investigation FORMS

How To Use These Important Tools

Includes:

Employee's Report of Injury Form

Accident Witness Statement Form

Supervisor's Accident Investigation Form

Forms may be copied as needed.

Need Help?

If you would like assistance in setting up supervisory training on how to use these forms, please contact your IWIF loss control consultant or call 410-494-2071.

Accident investigation forms/statements **should be filled out** by the **injured employee, supervisor or any witness** to the accident. Train your supervisors to conduct the preliminary investigation as soon as possible.

IMPORTANT - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident insures that you, the employer, have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims.

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

Hold on to them. When you call the COMPcall injury hotline to report the accident, advise the operator that these forms were completed or if you are planning to have the forms completed. Please keep the completed forms for future reference and inform the IWIF claims adjuster you have them if needed. These completed forms can be valuable information in the claims investigation of an injury and for building a case in the event of a workers comp hearing.

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

Use common sense and good judgement. 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.

IWIF Employee's Report of Injury

(To be completed by the employee)

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: _____
Name of building Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: _____

_____

_____

_____

_____
(continue on other side, if necessary)

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

_____

_____

Recommendation on how to prevent this accident from recurring:_____

_____
(continue on other side, if necessary)

Name of Supervisor: _____
Last First Middle

Name(s) of Witness(es): _____
(Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

Signature of employee: _____ Date: _____

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Accident Witness Statement

(To be completed by accident witness)

Injured Employee's name: _____
Last First Middle

Name of Witness: _____
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: _____

_____

_____

_____

_____

_____
(continue on other side, if necessary)

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

_____

_____

Recommendation on how to prevent this accident from recurring:_____

_____
(continue on other side, if necessary)

Name of Supervisor: _____
Last First Middle

Signature of Witness: _____ Date: _____

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Form may be copied as needed

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Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident occurred		Employer's Premises: Yes ☐ No ☐ Job site: Yes ☐ No ☐	Date of accident or illness
Who was injured?		☐ Employee ☐ Non-Employee	Time of accident a.m. ☐ p.m. ☐
Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred?
What property was damaged?			Property owned by
What was employee doing when injury/illness occurred? What machine or tool? What operation?			
How did injury/illness occur? List all objects and substances involved.			
Part of body affected		Any prior physical defects? If so, what? Yes ☐ No ☐	
Nature and extent of injury/illness and property damaged (be specific)			

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

____ Improper instruction	____ Failure to lockout	____ Unsafe arrangement or process
____ Lack of training or skill	____ Unsafe position	____ Poor ventilation
____ Operating without authority	____ Improper dress	____ Improper guarding
____ Horseplay	____ Improper protective equipment	____ Improper maintenance
____ Physical or mental impairment	____ Unsafe equipment	____ Inoperative safety device
____ Failure to secure	____ Poor housekeeping	____ Other _____

Supervisor's corrective action to insure this type of accident does not reoccur: _____

_____

_____

_____

Was employee retrained in the appropriate use of Personal Protective Equipment/Proper safety procedures? Yes ___ No ____

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes ___ No ____

Supervisor's name	Supervisor's signature	Date

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