EMPLOYEE'S REPORT OF INJURY

DATE OF INJURY	TIME OF INJURY AM □ PM □	DATE OF THIS REPORT	TERMINAL

INJURED EMPLOYEE'S NAME	EMPLOYEE NUMBER	LENGTH OF SERVICE
REGULAR WORK SCHEDULE SHIFT TIMES	DAYS OFF	HOURS OFF

DATE QUALIFIED FOR POSITION	LENGTH OF TIME ON CURRENT SHIFT	HOURS WORKED	DAYS WORKED

JOB BEING PERFORMED AT TIME OF INJURY □ GROUND □ DRIVER □ OPERATOR □ MECHANIC □ OTHER	JOB STATUS IN TRAINING □ YES □ NO

WHAT MEDICAL TREATMENT WAS GIVEN	WITNESSES
WHAT MEDICAL FACILITY PROVIDED TREATMENT	HOW DID EMPLOYEE GET TO MEDICAL FACILITY
TOOL OR OBJECT THAT CAUSED INJURY	EQUIPMENT INVOLVED (INCLUDE EQUIPMENT NUMBER)

TYPE OF INCIDENT *(check all that apply)*

- □ FALL OFF SURFACE
- □ SLIP OR FALL ON SAME SURFACE
- □ STRUCK BY OBJECT OR EQUIPMENT
- □ MOTOR VEHICLE ACCIDENT
- □ TEMPERATURE EXTREMES
- □ CAUGHT / PINCHED BETWEEN / UNDER
- □ FLYING DEBRIS
- □ ELECTRICAL SHOCK
- □ HITCH BAR RELATED
- □ LOUD NOISE
- □ CONTACT WITH CHEMICALS
- □ REPETITIVE MOTION
- □ REACHING / PUSHING / PULLING
- □ ASCEND / DESCEND LADDER / STEPS
- □ LIFTING
- □ OTHER

NATURE OF INJURY *(check all that apply)*

- □ CUT/ABRASION/PUNCTURE
- □ BRUISE/CONTUSION
- □ AMPUTATION
- □ FRACTURE
- □ DIZZINESS / HEADACHE
- □ HEARING LOSS
- □ STRAIN / SPRAIN
- □ DISLOCATION
- □ CRUSH
- □ INFLAMMATION
- □ ELECTRICAL SHOCK
- □ SKIN IRRITATION
- □ HERNIA
- □ IMPALED
- □ BURN
- □ RESPIRATORY CONDITION
- □ HEAT STROKE / FROST BITE
- □ MULTIPLE INJURIES
- □ OTHER

Describe part of body injured.

EMPLOYEE'S DESCRIPTION OF INCIDENT

INJURED EMPLOYEE'S SIGNATURE

It is a federal crime to file fraudulent worker's compensation claim.