E Accident Investigation FORMS

How To Use These Important Tools

Includes:



Forms may be copied as needed. Forms are also available for printing in pdf format online at www.iwif.com.

Need Help?

If you would like assistance in setting up supervisory training on how to use these forms, please contact your IWIF Claims Adjuster or Loss Control Consultant at 1-800-264-IWIF.

Accident investigation forms/statements should be filled out by the injured employee, supervisor and 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, which can help defend against the claim.

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

Please send the completed forms to your IWIF Claims Adjuster and keep a copy for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense 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.

Employee's Report of Injury

• (To be completed by the employee only.)

Employee's name:Last First	Mid	Idle	MaleFemale_
Date of birth:/ Home telephone # (
Home address:			
City:	State:	Zip Code	:
Present classification:	How lo	ong employed	here:
Social Security No.: Week	ly salary:		
Location of accident:Address		Aroa (load	ing dock bathroom ata)
Date of accident:			
Describe fully how accident occurred: (including events th	nat occurred in	nmediately bef	fore the accident):
		·	
Describe bodily injury sustained (be specific about body p	art(s) affected).	
Desence bouny injury sustained (be specific about body p)	
Recommendation on how to prevent this accident from recu	rring:		
Name of supervisor:		Phone#	
Name(s) of witness(es):(Attach witness(es) report(s))			
When did you report the accident to your supervisor?			
To whom did you report the injury?			
Do you require medical attention? Yes: No:	Maybe:		
Name of your treating physician:		_Phone#	
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	Ph#
Job title of witness:				ong employed here?
Home address of witness: _				
City:			State: 2	Cip Code:
Location of accident:				
Date of accident:			Time of a	ccident:
Describe fully how accident				
Describe bodily injury susta	ained (be specific	about body part(s)	affected):	
Recommendation on how to	prevent this accid	dent from recurring:		
	isor:			Ph#
Name of witnesse's Supervi			First	
Name of Witnesse's Supervi		Last	FIISt	
Name of Witnesse's Supervi Signature of Witness:				

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

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Location where accident	occurred		Employer's Premises: Ye		Date of accident or illness
			Job site: Ye	es No	
Who was injured?			Employee		Time of accident a.m.
Length of time with firm	Job title or occupation	Name of der	Non-Employee	How long ha	s employee worked at job
Lengur of time with firm	soo the of occupation		to assigned to	-	or illness occurred?
What property/equipmen	t was damaged?	1			ipment owned by:
What was employee doin	ng when injury/illness occurred? W	Vhat machine of	or tool was being used? V	What type of op	peration?
How did injury/illness oc	ccur? List all objects and substan	ces involved.			
Part of body affected/inju	ired?	Any pr Yes	rior physical conditions? I	f so, what?	
Nature and extent of inju	ry/illness and property damaged (be				
j.	ji dala i i i i jaa dala (				
PLEASE INDICAT	E ALL OF THE FOLLOW	ING WHIC	CH CONTRIBUTED	TO THE I	NJURY OR ILLNESS
Failure to lockou	.t Imp	proper maint	enance _	Poor ho	usekeeping
Failure to secure	· Imp	proper protect	ctive equipment	Poor ver	ntilation
Horseplay	Ino	perative safe	ety device _	Unsafe a	arrangement or process
Improper dress	Lac	k of training		Unsafe	
Improper guardi			-	Unsafe	
Improper instruc		-	tal impairment	Other	
I 'I'	J				
Supervisor's corrective	e action to ensure this type of a	accident doe	es not recur:		
Was amplexed trained	in the enpropriate use of Dere	onal Dratast	ive Equipment/Dropert	ofatu mocco	lurae? Vag No
	in the appropriate use of Pers				
Was employee caution	ned for failure to use Personal	Protective E	quipment/Proper safety	procedures /	?

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures?	Yes	No
Did employee promptly report the injury/illness?	Yes	No
Is there modified duty available?	Yes	No