

Chesapeake Accident Investigation FORMS Employers Insurance 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.
Forms are also available for printing in pdf format online at www.ceiwc.com.

Need Help?

If you would like assistance in setting up supervisory training on how to use these forms, please contact your Chesapeake Claims Adjuster or Safety Management Consultant at 1-800-264-4943.

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 ensures 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?

Please send the completed forms to your 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 his or her account of the accident to set the record straight and to help prevent the accident 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

Policyholder	:
Policy #:	

To be completed by the employee only.) Employee's name: _______ Male Female Middle Home telephone # (_____) _____ Date of birth: / / Height/Weight: "/ lbs. Right- or left-hand dominant Marital status: M / D / W / S Home address: City: _____ State: ____ Zip Code: ____ Current job position: ______ How long employed here: _____ Social Security No.: ______ Weekly salary: _____ Location of accident:_____ Address and location of accident (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 #_____ $Name(s) \ of \ witness(es): \underline{\hspace{1cm}} \\ \hspace{1cm} (Attach \ witness(es) \ report(s))$ Phone # 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:



Accident Witness Statement

Policyholder:	
Policy #:	

njured employee's name: Last First Middle Name of witness: Last First Middle Ob title of witness: How long employed here? Item address of witness: City: State: Zip Code: s witness any relation to the injured employee? Address/name of building; area (bathroom, etc.) Outcof 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: Last First Date: Describe fully have accidented the specific about body part(s) affected): Last First Describe fully have accidented the specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Last First		(To be completed by	by accident witne	ess.)
Name of witness: Last First Middle Ob title of witness: How long employed here? How long employed here? How long employed here? State: Zip Code: State: 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): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Last First				
Name of witness: Last First Middle Ob title of witness: How long employed here? How long employed here? How long employed here? State: Zip Code: State: 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): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Last First	Injured employee's name:	Last	Fire	Add dillo
Ob title of witness:			FIRST	
Obscribe bodily injury sustained (be specific about body part(s) affected): Case Case	Name of witness:	First	Middle	Phone#
Address/name of building: area (bathroom, etc.) Date of accident:				How long employed here?
State: Zip Code:s witness any relation to the injured employee?Yes No If yes, what relation?				
State: Zip Code:s witness any relation to the injured employee?Yes No If yes, what relation?	Home address of witness:			
s witness any relation to the injured employee?YesNo If yes, what relation?				
Address/name of building; area (bathroom, etc.) Date of accident:	City.		State.	Zip code.
Describe fully how accident occurred (including events that occurred immediately before the accident): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected):	Is witness any relation to the in	jured employee?Y	esNo If yo	es, what relation?
Describe fully how accident occurred (including events that occurred immediately before the accident): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected):	T			
Describe fully how accident occurred (including events that occurred immediately before the accident): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected): Describe bodily injury sustained (be specific about body part(s) affected):	Location of accident:	Address/name of bu	uilding; area (bathroo	m, etc.)
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 witness' supervisor: Last First Ph #				
Describe bodily injury sustained (be specific about body part(s) affected): Recommendation on how to prevent this accident from recurring: Name of witness' supervisor: Last First Ph #				
Recommendation on how to prevent this accident from recurring:	Describe fully how accident occ	curred (including event	s that occurred	immediately before the accident):
Recommendation on how to prevent this accident from recurring:	·			
Recommendation on how to prevent this accident from recurring:				
Recommendation on how to prevent this accident from recurring:				
Recommendation on how to prevent this accident from recurring:				
Recommendation on how to prevent this accident from recurring:				
Recommendation on how to prevent this accident from recurring:				
Recommendation on how to prevent this accident from recurring:				
Recommendation on how to prevent this accident from recurring:	Describe he dilectricisme suctains	d (ha amaaifa ah ayut ha d	les mant(a) affa ata	. A).
Name of witness' supervisor:Ph #Ph #	Describe bodily injury sustained	a (be specific about bod	iy part(s) affecte	ed):
Name of witness' supervisor:Ph #Ph #				
Name of witness' supervisor:Ph #Ph #				
Name of witness' supervisor:Ph #Ph #				
Name of witness' supervisor:Ph #Ph #	D			
Name of witness' supervisor:Ph #Ph #	kecommendation on how to pre	vent this accident from i	recurring:	
Name of witness' supervisor:Ph #Ph #				
	Name of witness' supervisor: _	1	F:	Ph #
Signature of witness:		Last	First	
Signature of witness:				
DEHALUIC OF WITHCSS.	Signature of witness:			Date:



Supervisor's Accident Investigation Form

Policyhol	der:		
Policy #:			

(T	o be completed by the employed	e's supervisor or other responsible adminis	trative official.) —
Location where accident occurred:		Employer's Premises: Yo	Date of accident or illness:	
			Job site: Yes No	
Who was injured?		Employee Non-employee If non-employee, specify		Time of accident a.m. p.m.
Length of time with firm:	Job title or occupation:	Name of dept. normally assigned to:		s employee worked at job or illness occurred?
What property/equipment	was damaged?			ipment owned by:
what property/equipment	was damaged.		Tropertyrequ	ipinent owned by:
What was employee doing	when injury/illness occurred?	What machine or tool was being used? V	What type of op	peration?
How did injury/illness occur	ur? List all objects and subst	ances involved.		
Was the accident the result	t of another party's negligence?	If so, name of the negligent pa	rty:	
Part of body affected/injur	ed?	Any prior physical conditions?	If so, what?	
		Yes No		
Nature and extent of injury	//illness and property damaged	(be specific):		
Do you have any concerns	about this alleged accident or i	njury? If so, please specify:		
			_	
		WING WHICH CONTRIBUTED		
Failure to lockout		mproper maintenance		usekeeping
Failure to secure		nproper protective equipment _	Poor ver	
Horseplay	Ir	noperative safety device	Unsafe	arrangement or process
Improper dress	L	ack of training or skill	Unsafe	equipment
Improper guardin	C	perating without authority _	Unsafe	position
Improper instruct	P	hysical or mental impairment _	Other _	
Supervisor's corrective	action to ensure this type o	f accident does not recur:		
_				
Was employee trained i	n the appropriate use of Pe	ersonal Protective Equipment/proper	safety proced	lures?Yes No
		tective Equipment/proper safety proc		
is there modified duty a	ivanable /			res No
		Supervisor's signature	Phone	<u> </u>
Supervisor's	name	Supervisor's signature	Phone	# Date