Report of Accident

FORM D14-A

GENERAL INFORMATION

Name:	Social Security:	Campus/Department:	Job Classification:

Street Address:

City:	State:	Zip Code:	Home Phone:	Cell Phone:

Date of Birth:	Sex: M F	Status: ☐Married ☐Single ☐Widowed ☐Divorced ☐Separated
Number of Dependent Children:	Spouse's Name:	

Office Use Only:

DOH: ______ Daily Base Rate: ______

Campus/Dept. #: ______

Campus/Dept. Name ______ Hrs. Work Per Day: ______

Status Code: ______

Job Code: ______ OH&S: ______

ACCIDENT INFORMATION (Must be completed by injured employee)

Date of Accident:	Location (i.e., hallway, cafeteria, etc):	Time: : ☐am ☐pm

In your own words, describe in detail how the accident occurred:

Witnesses Names:

Shade in all the areas of discomfort on the figure.

FRONT — BACK

Neck, Shoulder, Chest, Elbow, Wrist/Hand, Hip/Thigh, Knee, Lower Leg, Ankle/Foot, Upper Back, Lower Back

Using the scale below, rate the discomfort for both the left and right side of the body area named in the box at right.

No Discomfort Area ← → **Worst Discomfort**

1 2 3 4 5 6 7 8 9 10

Discomfort Area	Right	Left
Neck		
Shoulder		
Chest		
Elbow/Forearm		
Hand/Wrist		
Hip/Thigh		
Knee		
Lower Leg		
Ankle/Foot		
Other		
Total		

Have you ever injured these body parts before (please indicate date, body part, and treating physician below)?

Date:	Body Part:	Treating Physician:
Date:	Body Part:	Treating Physician:

Medical Statement

I am declining medical attention at this time. I understand that if medical attention become necessary, I shall contact **EMPLOYEE BENEFITS, RISK MANAGEMENT & SAFETY REPRESENTATIVE** at 554-8540.

Employee Initials: ______

Required Signatures

I hereby certify that the information above is true and correct to the best of my knowledge. I further understand that any falsification of information regarding an on-the-job injury or illness may result in disciplinary action up to and including termination of employment.

Employee's Signature:	Date:
Principal/Department Head Signature:	Date:

FAX TO EMPLOYEE BENEFITS, RISK MANAGEMENT AND SAFETY AT 228-3107