Partners
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Oklahoma City, OK 73118
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ACCIDENT INVESTIGATION REPORT

Employee Name: _____ Date of Injury: _____

Date of Birth: _____ SSN: _____ Sex: _____

Employee Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Date of Hire: _____

Weekly Wage: _____ Occupation: _____

Time of Injury: _____ ☐ AM ☐ PM Date Employer Notified: _____

Time Work Day Began: _____ ☐ AM ☐ PM Last Day Employee Worked: _____

Did Employee Return to Work? ☐ Yes ☐ No Did Accident Result in Death? ☐ Yes ☐ No

Location of Injury: _____ County: _____

Single Injury ☐ Yes ☐ No Cumulative Trauma ☐ Yes ☐ No

Nature of Injury: _____

Describe actives when injury occurred: _____

_____

Witness to injury? ☐ Yes ☐ No, If Yes, contact information: _____

_____

Contributing Factors (weather, faulty equipment, poor lighting, etc.) _____

_____