

# 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.iwif.com](http://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.

# IWIF Employee's Report of Injury

(To be completed by the employee only.)

Employee's name: \_\_\_\_\_ Male\_\_ Female\_\_  
Last First Middle

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home telephone # ( \_\_\_\_ ) \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present classification: \_\_\_\_\_ How long employed here: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Weekly salary: \_\_\_\_\_

Location of accident: \_\_\_\_\_  
Address Area (loading dock, bathroom, etc.)

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Describe fully how accident occurred: (including events that occurred immediately before the accident):

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Describe bodily injury sustained (be specific about body part(s) affected): \_\_\_\_\_

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Recommendation on how to prevent this accident from recurring: \_\_\_\_\_

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Name of supervisor: \_\_\_\_\_ Phone# \_\_\_\_\_  
Last First

Name(s) of witness(es): \_\_\_\_\_ Phone# \_\_\_\_\_  
(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: \_\_\_\_\_

# IWIF Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: \_\_\_\_\_  
Last First Middle

Name of witness: \_\_\_\_\_ Ph# \_\_\_\_\_  
Last First Middle

Job title of witness: \_\_\_\_\_ How long employed here? \_\_\_\_\_

Home address of witness: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of accident: \_\_\_\_\_  
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):

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Describe bodily injury sustained (be specific about body part(s) affected): \_\_\_\_\_

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Recommendation on how to prevent this accident from recurring: \_\_\_\_\_

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Name of Witness's Supervisor: \_\_\_\_\_ Ph# \_\_\_\_\_  
Last First

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

