



Accident Record

(To be completed by the Employer)

Employee Name: _____

Social Security No

Address: _____

1. Business, Trade or Profession: _____

2. Date of Accident: _____

3. Time of Accident: _____

4. Place of Accident: _____

5. Date and Time Accident was reported: _____

6. Nature of Injury: _____

7. Description of Accident: _____

Employer's Signature: _____

Date: _____