REPORT OF ACCIDENT

(Must be completed on the day of incident)

Employee's Section

Employee's Name ______________________________ Age __________ Sex ________

Shift Hours ______________________ Normal Days Off ______________________

Date & Time of Accident ______________________ Location ______________________

Date Accident Reported ____________________ To Whom? ______________________

Task being performed when accident occurred? ______________________

Name(s) of Witness(es) ______________________

Describe how the accident occurred ______________________

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What part of the body was Injured? ______________________

Describe the injuries in detail ______________________

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Did you seek medical attention? _____ Yes _____ No If yes, give date and time ______________________

Name of Doctor and/or Hospital ______________________

Doctor/Hospital Phone Number ______________________

In your opinion, what could be done to prevent accidents of this type? ______________________

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Signature of Employee ______________________ Date ______________

I authorize my employer and/or employer representative to obtain any medical information pertaining to this incident. This information will be kept confidential.

Signature of Employee ______________________ *Date* ______________

Employer's Section

Claim Number ______________________ Do you question the validity of the claim? ______ Yes ______ No

If yes, please provide your reasons ______________________

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Has the Employee returned to work? _____ Yes ______ No. If yes, on what date? ______________________

Employee's Wages $______________ Is the employee receiving full wages while off work? ______ Yes ______ No

Are health care benefits paid by the Company? ______ Yes _____ No If yes, the amount paid $______________

Signature of Employer ______________________ Date ______________

Please fax the completed form immediately to Washington Trucking Associations Retro Program at 253-838-1793.

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Washington Trucking Associations ◆ 930 S. 336th St., Ste B ◆ Federal Way, WA 98003 ◆ Tel: 253-661-8248