


Claims Administrative Services, Inc.
Our reputation for excellence is no accident.®

Employee's Injury Report

This form must be completed in detail and signed by the injured employee.

Your Full Name		Department You Work For	
Social Security Number	Date of Birth		Location of Accident
Your Address (Street, City, State, County, Zip)		Supervisor's Name	
Phone Number Where You Can be Reached		Job Title	
Date of Hire	How Long in Current Position		Yrs. Mos.
Are you Married? Yes No	Spouse's Name		
Number of Dependent Children			

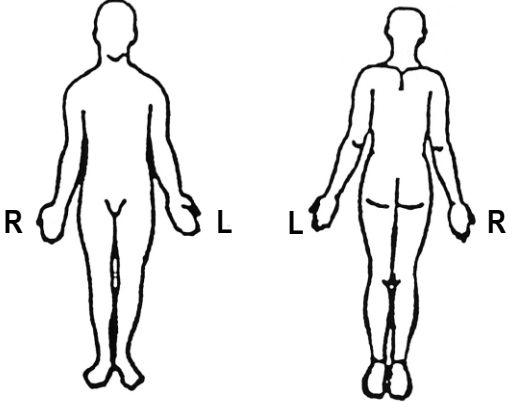
Details of the Injury

Date of Injury	Time of Injury AM / PM	Date you first Lost Time
Where in the workplace did your injury occur?		
Describe in detail how your injury occurred.		



Claims Administrative Services, Inc.

Our reputation for excellence is no accident.®

When were you first aware of this injury?	
When did you first notify your supervisor of your injury?	
What part of your body is injured?	Describe the injury.
<p>On the diagram provided below, please circle the part(s) of your body where you are experiencing pain due to this injury.</p> <div style="text-align: center;">  </div>	
Did anyone witness your accident? List the names of any witnesses.	
Was anyone else injured in this accident? List the names of any other injured people.	
In the incident that caused your injury, was there damage to any property or equipment? Describe any damage.	

I certify that the information contained in this report is true and correct.

I understand that any falsification of information regarding an on the job injury may result in disciplinary action and/or prosecution under the appropriate State Criminal Statutes.

I hereby authorize the release of all medical records relating to the above noted incident to my employer, his agent or insurance company.

Employee's Printed Name	Employee's Signature	Date
-------------------------	----------------------	------

I certify that the above employee has acknowledged to me that he/she understood all questions and signed and dated this form in my presence this date.

Witness' Printed Name	Witness' Signature	Date
-----------------------	--------------------	------