

Wilberforce University
ACCIDENT REPORT

Injured Employee: _____ Age: _____

SS #: _____ Dept: _____

Address: _____

Occupation: _____

Date of Injury: _____ Time: _____

Nature of Injury: _____

Describe Accident: _____

Witnesses: _____

Type of Medical Treatment Provided: _____
(Doctor, First Aid, Ambulance to Hospital)

Attending Physician: _____
Name and Address

Any Additional Information: _____

When was accident reported? _____ To Whom: _____

Prepared by: _____ Title: _____

Injured Employee's Signature: _____ Date: _____