



ACCIDENT INVESTIGATION REPORT (Please Print Clearly)

Internal Use Only Date Received: _____
Claim sent to () WC Insurance Carrier date: _____ () Mailed () Telephoned
Claim Number: _____ W/C Contact: _____ Initials: _____

IMPORTANT! If a workplace injury or illness is reported to you, immediately refer the injured employee to the pre-designated medical clinic. All incidents, regardless of severity, must be reported to DynamicHR within 24 hours. Please complete this form and fax it to DynamicHR at 248-370-0968.

THERE ARE STRICT TIME PERIODS IN WHICH ALL CLAIMS MUST BE REPORTED. LATE REPORTING MAY RESULT IN FINANCIAL PENALTIES IMPOSED BY THE STATE.

Account Information:

Employee: _____ Social Security Number: _____
Worksite Employer: _____ Contact: _____
Employee's Supervisor: _____ Phone: _____
Date of incident/accident/injury/illness: _____ Date reported: _____
Time of Incident: _____

Accident Information:

Address where the accident/injury/illness occurred: _____
Accident Description _____

How did the occur? (Please describe fully the events that resulted in the incident / exposure. Describe what happened and how it happened. Attached additional sheet if necessary)

Describe the injury or illness (i.e. cut on hand, fractured finger, object in eye): _____

Part of body directly injured (i.e. back, **left** wrist, **right** eye): _____

Has the employee died? () Yes () No If yes, date of death: _____

Name of witnesses to incident / exposure (First and Last name and telephone numbers): _____

Time Employee Began Work on Date of Incident: _____

Hours Worked in Average Day: _____ Days Worked in Average Week: _____

Did the employee miss any work? () Yes () No Last day worked: _____

Has the employee returned to work? () Yes () No Return date: _____

Hours worked in an average work day: _____ Days worked in an average work week: _____

Does the injured employee speak English? () Yes () No

Was Medical Treatment Sought? (Name, Address, Phone Number):

Do you question the validity of the claim of injury/illness?

Additional Comments:

Completed by: _____ Phone: _____ Date: _____