CITY of DECATUR
Employee Incident Statement

DATE OF THIS REPORT: ___ / ___ / ___ ☐ ACCIDENT ☐ NEAR MISS ☐ INCIDENT

EMPLOYEE: _____ SS# ___ / ___ / ___ DOB: ___ / ___ / ___

ADDRESS: _____ PHONE: ___ – ___ – ___ DEPENDENTS UNDER 18: ___

_____ MARITAL STATUS: ☐ M ☐ S ☐ D ☐ W ☐ Sep. AGE: ___

DEPARTMENT: _____ OCCUPATION: _____ TIME IN CURRENT POSITION: ___

DATE OF INCIDENT: ___ / ___ / ___ TIME: ___ ☐ AM ☐ PM DATE SUPERVISOR NOTIFIED: ___ / ___ / ___

Please state the facts of the incident that occurred to you. Please state the ***what***, ***when***, ***why***, and ***how*** of the incident. Please provide as much detail as possible and the results of the incident. (If more space is needed, please use the back of this sheet.)

WHAT:

WHEN:

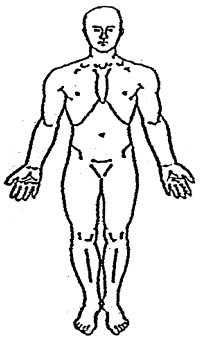
WHERE:

WHY:

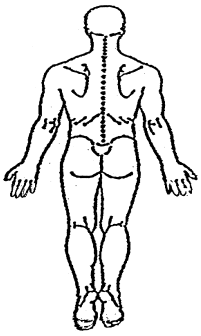
HOW:

PLEASE INDICATE THE SPECIFIC PART OF BODY INJURED.

FRONT



BACK



EAR ☐ Left ☐ Right ☐ Both ☐ **NECK** ☐ **DIGESTIVE**

EYE ☐ Left ☐ Right ☐ Both ☐ **SCALP** ☐ **CIRCULATORY**

HAND ☐ Left ☐ Right ☐ Both ☐ **TORSO** ☐ **RESPIRATORY**

FINGER ☐ Left ☐ Right ☐ Multiple

BACK ☐ Lower ☐ Upper ☐ Middle ☐ **FACE** (including mouth & nose)

HIP ☐ Left ☐ Right ☐ Both ☐ **MUSCLE/SKELETAL**

KNEE ☐ Left ☐ Right ☐ Both ☐ **MULTIPLE BODY PARTS**

FOOT ☐ Left ☐ Right ☐ Both

TOE ☐ Left ☐ Right ☐ Multiple

☐ **OTHER**

Type of Injury ☐ **ALLERGIC REACTION** ☐ **BREAK/FRACTUR** ☐ **BURN** ☐ **CAUGHT BETWEEN** ☐ **CUT** ☐ **FALL** ☐ **FOREIGN BODY** ☐ **SLIP** ☐ **SPRAIN** ☐ **STING** ☐ **STRAIN** ☐ **STRUCK BY** ☐ **OTHER**

Were there any witnesses? ☐ YES ☐ NO If YES, list names of other witnesses below:

Have you had any type of injury to this area before? If so, please describe below:

I hereby authorize the release of all medical information pertaining to this work related injury/illness to the City of Decatur, the claims administrator and any other medical facility appointed by the City of Decatur for further assistance in the treatment of this injury.

Employee Signature: _____ Date: ___ / ___ / ___