

TYPE OF ACCIDENT: \_\_\_\_\_ AUTOMOBILE \_\_\_\_\_ WORKERS  
COMPENSATION

IF AUTOMOBILE ACCIDENT, WERE YOU WEARING YOUR SEATBELT?  
YES \_\_\_\_\_ NO \_\_\_\_\_

★ INSURANCE INFORMATION:

CLAIM NUMBER: \_\_\_\_\_  
NAME OF COMPANY \_\_\_\_\_  
ADDRESS OF COMPANY \_\_\_\_\_

★ PHONE NUMBER: \_\_\_\_\_  
★ ADJUSTOR NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

EMPLOYMENT INFORMATION AT THE TIME OF YOUR ACCIDENT:

NAME OF COMPANY: \_\_\_\_\_  
ADDRESS OF COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_

★ PLEASE GIVE A BRIEF DISCRPTION OF YOUR PRESENT INJURY:  
DATE OF ACCIDENT: \_\_\_\_\_ WHAT HAPPENED? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD ANY PREVIOUS INJURY TO THE HEAD, NECK, OR  
BACK?

YES \_\_\_\_\_ NO \_\_\_\_\_, IF SO PLEASE GIVE DATE AND BRIEF  
DISCRPTION OF WHAT HAPPENED:

DATE: \_\_\_\_\_ WHAT HAPPENED? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ WHAT HAPPENED? \_\_\_\_\_  
\_\_\_\_\_

★ TODAYS DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_