

Swain County
Accident Investigation Report

Date: _____ **Completed by:** _____

I. GENERAL INFORMATION

Employee Name: _____

Home Address: _____

Home Phone Number _____ Cell Phone Number _____

Date of Accident: _____ Time: _____: _____ A.M./P.M.

Job Title: _____ Supervisor: _____

Location of Accident (be specific):

Date and Location of First Treatment: _____

II. DESCRIPTION OF INJURY OR ILLNESS

Injury: _____ Body Part Affected: _____

Medical Treatment Required: Yes _____ No _____

Hospital _____ Urgent Care _____ Doctor's Office _____ Other _____

Name of Facility: _____

Address and Telephone Number (if known):

Name of Attending Physician: _____

III. DESCRIPTION OF ACCIDENT

Please describe the accident, how did it occur? Why? (use back of sheet if more space needed): _____

Witness Names (contact information if available):

Time Out of Work Due to Accident- Please put dates and attach copy of doctor's orders to be out of work:

Any Restrictions/Light Duty? Please Explain:

ALL ACCIDENTS MUST BE REPORTED AS SOON AS POSSIBLE.

FAILURE TO REPORT TIMELY CAN RESULT IN DENIAL OF CLAIMS.

This report must be turned in to Personnel at the Swain County Administration Building. If you have questions please call Elise Bryson at 828-488-9273, extension 2227.