Swain County

Accident Investigation Report

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 sneeded): needed):	te:	Completed by:
Home Address:	I.	GENERAL INFORMATION
Home Phone Number Cell Phone Number A.M./P.M. 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 seemed accident, how did it occur? Why? (use back of sheet if more seemed accident, how did it occur? Why? (use back of sheet if more seemed accident, how did it occur? Why? (use back of sheet if more seemed accident, how did it occur? Why? (use back of sheet if more seemed accident, how did it occur? Why? (use back of sheet if more seemed accident, how did it occur? Why? (use back of sheet if more seemed accident, how did it occur? Why? (use back of sheet if more seemed accident, how did it occur? Why? (use back of sheet if more seemed accident.)	Emplo	oyee Name:
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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:	Witness Names (contact information if available):
rders to be out of work:	
rders to be out of work:	
rders to be out of work:	
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Any Restrictions/Light Duty? Please Explain:	orders to be out of work:
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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.