



# EMPLOYEE'S ACCIDENT REPORT

(TO BE FILLED OUT BY EMPLOYEE) (PRINT NEATLY OR TYPE)

Report Date: \_\_\_\_\_ Accident Date: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S.S.#: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department No. and Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address/Specific Location of Accident: \_\_\_\_\_

Scheduled Days off S M T W Th F S (check days off)

Complete Description of How the Accident Occurred: (Provide Details. Complete Reverse Side if Necessary):

Describe all parts of body injured:

Have you injured these body parts previously? \_\_\_ If so, when and how?

Did you receive medical treatment for those parts of your body? Yes \_\_\_ No \_\_\_ If yes, name of doctor(s), hospital and addresses.

Was the accident witnessed? \_\_\_ If yes, list all witnesses (Full name, title, relationship, if any, to witness)

Are you presently employed at another job?

If yes, list name and address of other employer.

Name and address of family/treating physician.

***I have read the above and the same is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone No.: (work) \_\_\_\_\_ (home) \_\_\_\_\_

**Cook County Department of Risk Management, Workers' Compensation Division  
Cook County Building - Room 1072, 118 North Clark Street, Chicago, IL 60602**

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