



EMPLOYEE INCIDENT REPORT

COMPLETE ALL BLANKS

Name of STAR HR's Client Employing Injured Worker

Date of This Report: ____ / ____ / ____

Date of Incident: ____ / ____ / ____

Name of Injured Worker: _____

SS#: _____

Birthdate: ____ / ____ / ____

Date Employee Reported Incident: ____ / ____ / ____

Home Address: _____

Home Phone: _____

City, State & Zip: _____

Marital Status: _____

Weekly (or Hourly) Wages: _____

Number of Dependents: _____

Time of Incident: _____

Time Employee Reported for Work Day of Incident: _____

Person Employee Reported Incident To: _____

Client Where Incident Occurred: _____

Address Where Incident Occurred: _____

Describe the incident in detail (*how, why, where, what*): _____

Type of Injury (*cut, sprain, bruise, fracture, etc.*): _____

Which part of body injured (*be specific*): _____

Are there any safety issues that contributed to this injury? If so, please detail: _____

List all witnesses to this incident: _____

List all prior injuries sustained at work and outside of work in the last 10 years that required medical attention (*include dates, injuries, and body parts*): _____

I, employee, the undersigned, certify that the above is a true and correct statement of fact and that I made such statements of my own free will. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of my employer and/or STAR HR. I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to my employer. I hereby agree to release this information and hold all such medical providers harmless for the release of this information as set forth in this authorization. "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

EMPLOYEE SIGNATURE

DATE OF REPORT

TRANSLATED by (*if necessary*)

STAR HR prosecute to the fullest jurisdictional extent for all fraudulent claims reported. Per employment policy, a drug test is mandatory on all reported claims.

*****DUE WITHIN 24 HOURS OF ACCIDENT*****