



Accident investigation forms/statements should be completed by the injured employee, supervisor and any witness within 72 hours of the accident. Follow the instructions below for appropriate reporting and workflow directives.

- 1** Injured employee to complete **Employee Report of Injury** form
- 2** Witness to complete the **Accident Witness Statement** form.
- 3** Supervisor to complete **Supervisor Incident Report** form.
- 4** Submit all completed forms to The Office of Human Resources.
- 5** HR will process the claim (processing does not automatically approve the claim) and provide claim # and Concentra instructions to employee.
- 6** Regular state employees code their timesheet with "ACT" for any absences related to the submitted claim.

Office of Human Resources

ACCIDENT INVESTIGATION REPORT

ACCIDENT WITNESS STATEMENT

Injured Employee's Name: _____

Name of Witness: _____

Phone: _____

Job Title of Witness: _____

Is witness related to injured employee? _____ if "yes" how? _____

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____ (i.e. campus location, bldg, etc.)

Describe witness of accident:

Witness Signature: _____

Date: _____

Name of Additional Witness: _____

Phone: _____

Job Title of Witness: _____

Is witness related to injured employee? _____ if "yes", how? _____

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____ (i.e. campus location, bldg, etc.)

Describe witness of accident:

Witness Signature: _____

Date: _____

Send completed form to workerscompensation@morgan.edu.