



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

## EMPLOYEE REPORT OF INJURY

Employee Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female

Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Classification: \_\_\_\_\_

Current Job Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Name of Witness(es): \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

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

Describe how the accident occurred:

Describe bodily injury sustained (be specific about body part(s) affected):

Do you require medical treatment: YES NO

**If yes, please contact workerscompensation@morgan.edu or 443-885-3195 for assistance.**

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