EMPLOYEE INJURY / ACCIDENT REPORT

FOR ALTRES, INC. OFFICE USE ONLY

Date reported to ALTRES, Inc.: ____________ Date reported to carrier ____________

Date & time of accident: ____________ **Date & time reported to supervisor:** ____________

Employee Name: ____________ Social Security No.: ____ - ____ - ____

Sex: ☐ Male ☐ Female Marital Status: ____________ Date of Birth: ____________

Address: ____________ Phone: (___) ____________

Job Title/Position: ____________ Department: ____________

Accident resulted in: ☐ Injury ☐ Fatality ☐ Property Damage

First-aid given? ☐ Yes ☐ No Medical treatment required? ☐ Yes ☐ No Loss time from: ____ to ____

Body part(s) affected (**BE SPECIFIC**): ____________

Describe how the injury occurred: ____________

What was the employee doing just before the incident occurred (describe the activity, as well as the tools, equipment, or material the employee was using. BE SPECIFIC)? ____________

What object or substance directly harmed the employee? ____________

Time employee began work: ____ am / pm Time employee left work: ____ am / pm Shift ends: ____ am / pm

Customer Name: ____________ Supervisor's Name: ____________

Accident Address: ____________ Phone: (___) ____________

Reported to? Name/Position: ____________ Witnesses: ____________

Prior injuries/Health Conditions: ____________

Will the employee be paid in full for the day of the injury? ☐ Yes ☐ No 1st date of disability: ____________

Name of physician or other health care professional: ____________

Health Care Facility/Address: ____________ Phone: (___) ____________

Treatment received: ____________

Return to work: ☐ Modified Duty ☐ Regular Duty Return to work Date(s): ____________

Employee Signature: ____________ ***Date:*** ____________

Fax to: (808) 597-8055 **Oahu Voice: (808) 591-4900** **Neighbor Island Voice: 800-373-1955**

BASIC RULES FOR ACCIDENT INVESTIGATION

The purpose of an investigation is to find the cause of an accident and to prevent future occurrences, not to fix blame. An impartial approach is necessary to obtain objective findings.

Visit the accident scene as soon as possible while the facts are fresh and before witnesses forget important details.

Whenever possible, interview the injured worker at the scene of the accident and "walk" him or her through a re-enactment.

All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident even if they did not actually witness it.

Consider taking signed statements in cases where facts are unclear or when there is an element of controversy.

Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.

Focus on causes and hazards. Develop an analysis of what happened, how it happened, and how it could have been prevented. Determine what caused the accident itself, not just the injury.

Every investigation should include an action plan. How will you prevent such accidents in the future?

Save any evidence if a third party or defective product contributed to the accident. It could be critical to the recovery of claim costs.

Comments (attach additional information, diagrams, pictures to this file):

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