Incident and Injury Report

SUPERVISOR'S REPORT OF INDUSTRIAL INJURY
COMPLETE AND EMAIL THIS REPORT TO RISK MANAGEMENT WITHIN 24 HOURS OF ACCIDENT

FATALITIES MUST BE REPORTED WITHIN 4 HOURS

EMPLOYEE EMAIL:

EMAIL TO: workerscomp@mohave.gov

EMPLOYEE ID#

Risk Management Use Only

OSHA Case #: _____

Work Comp #: _____

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER	BIRTH DATE

STREET ADDRESS (NUMBER & STREET) CITY STATE ZIP

HOME TELEPHONE

MAILING ADDRESS (NUMBER & STREET) CITY STATE ZIP

SEX: MALE ☐ FEMALE ☐

MARITAL STATUS: SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

EMPLOYER'S NAME

DEPT

ADDRESS (NUMBER & STREET) CITY STATE ZIP

WORK TELEPHONE

Date of Injury	Time of Injury	Date Employer Notified of Injury	Date Employee Left Work	Date Returned to Work

Employee's Occupation (Job Title) When Injured

Address or Location of Accident City County State Zip

On Employer Premises? Yes ☐ No ☐

Nature of Injury (Scratch, Cut, Bruise, etc.)

Fatal? Y ☐ N ☐

Part of Body Injured

Will Treatment Be Sought? ☐ If Yes, Where?

What was Employee Doing When Accident Occurred? (Loading Truck, Walking Down Stairs, etc.)

Where Did Accident Occur?

Specify Machine, Tool, Substance of Object Most Closely Connected With Accident

Were Others Injured in This Accident?

How Did Accident Happen? (State All Details: Use Additional Page if Needed)

If Validity of Claim is Doubted, State Reason:

Was Personal Protective Equipment Being Worn? Yes ☐ No ☐

If Yes, What Type? (Check One or More Items Below):

- ☐ Protective Clothing
- ☐ Foot Protection
- ☐ Eye Protection
- ☐ Head Protection
- ☐ Seat Belts
- ☐ Hearing Protection
- ☐ Respirator
- ☐ Back Support Belt

Other (explain)

If Another Person Not in County Employ Caused Accident, Give Name and Address:

Employee's Date of Hire	Employee's Hours (Start / End of Shift)	Employee's Scheduled Work Days	Was Employee on Overtime When Injury Occurred?
			Yes ☐ No ☐

Witness Information: Name, Address, City, State, Zip

Area Code, Telephone Number of Each Witness

Additional Comments on Separate Sheet and Attach

Employment Category Supervisor Print Name: Regular, Full-Time ☐ Regular, Part-Time ☐ Temp ☐ Seasonal ☐ Volunteer ☐

Employee Print Name	Sign Name	Phone No	Date	Title
	Sign Name	Office Direct Line #	Date	Title