

WHITE-ORIGINAL  
YELLOW-SUPERVISOR'S COPY

## SUPERVISOR'S ACCIDENT REPORT

Employer \_\_\_\_\_ Organizational code \_\_\_\_\_

Name of employee \_\_\_\_\_

Occupation \_\_\_\_\_

Location of accident \_\_\_\_\_

Date of accident \_\_\_\_\_ 20 \_\_\_\_ Time \_\_\_\_\_ AM  
PM

Date Supervisor notified \_\_\_\_\_ 20 \_\_\_\_ Time \_\_\_\_\_ AM  
PM

Was employee on duty at time of accident? \_\_\_\_\_

Did employee leave work? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM

Did employee return to work? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM  
PM

How did accident happen? (State specific job being done, machinery, tools or objects involved and  
Factors contributing to the accident) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of witnesses \_\_\_\_\_

Nature of injury \_\_\_\_\_  
(Cut, Bruise, Strain etc.)

Part of body \_\_\_\_\_  
(Right leg, left ankle, lower back, etc.)

Name and address of treating physician or hospital \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was accident caused by noncompany person or faulty equipment? \_\_\_\_\_ If yes

identify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were mechanical guards or other safe guards provided? \_\_\_\_\_

Was employee using them? \_\_\_\_\_

What corrective action has been taken to prevent similar accidents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_ \_\_\_\_\_

Supervisor

Received by: \_\_\_\_\_

Position

Follow-up Needed? \_\_\_\_\_ Date \_\_\_\_\_

**State Insurance Fund**  
Boise, Idaho 83720

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