



15. Department where accident/exposure took place (kitchen stage, parking lot, etc.):

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16. Physical description of accident location (i.e. wet floor, crowded, dark, etc.):

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17. Did the injured employee complete shift?  YES  NO

18. Please describe the specific injury or illness and the body part(s) affected (i.e. broken middle finger on left hand, lower back strain, abrasion to right shoulder, etc.):

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19. Did anyone witness the injury occur? If so please have the witness(es) write down their statement (if possible) as well as their name & telephone number:

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20. What was the employee doing at the time the injury occurred?

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21. Equipment and/or materials Involved in Incident (i.e. dolly, camera, hammer, ladder, etc.)

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22. Were there any safeguards or protective equipment in place and/or provided? (Signage, yellow tape, eye goggles, gloves etc.) If yes, please list:

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23. Have there been any behavioral or performance issues with this employee? If so please explain in detail.

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24. Is there any evidence to suggest drugs/alcohol were involved in the injury? If so, explain why:

25. Do you question the validity of this injury? If so, explain why:

26. Was the injured employee sent to seek treatment?  YES  NO

If yes, please list:

Medical Facility Name & Address:

Telephone Number:

27. Was the employee taken via ambulance?  YES  NO

28. Should the employee require modified duty, would they be accommodated?  YES  NO

29. Was the employee off work for at least one full day after the injury?  YES  NO

30. If yes, what was the last day worked? \_\_\_\_\_

31. Has the employee returned to work?  YES  NO If yes, date returned to work \_\_\_\_\_

32. Is the injured employee employed elsewhere?  YES  NO  UNKNOWN

33. Please describe the corrective action to be taken in order to prevent similar injuries from occurring:

34. Additional comments or concerns:

35. Form Completed By: \_\_\_\_\_

36. Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION IN THIS SERIOUS MATTER!

*Workers' Compensation fraud is a felony offense.  
If you have any suspicions regarding the legitimacy of a claim, please notify the Extreme Reach Crew Services Risk Management Department immediately.*