

*\* Complete if staff is injured. (Both Sides)*



**GALLAGHER BASSETT SERVICES, INC.**

Two Pierce Place, Itasca, Illinois 60143-3141 • 630/773-3800

**EMPLOYEE'S REPORT OF INJURY**

**INFORMATION ABOUT YOU**

Your name: \_\_\_\_\_ Your phone #: \_\_\_\_\_

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

Employer's name: \_\_\_\_\_

**INFORMATION ABOUT THE ACCIDENT**

Date of accident: \_\_\_\_\_

Time of accident: \_\_\_\_\_

Place of accident: \_\_\_\_\_

What were you doing before the accident? \_\_\_\_\_

\_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses, if any: \_\_\_\_\_

Who were you working with at time of injury? \_\_\_\_\_

\_\_\_\_\_

Who did you report the injury to? \_\_\_\_\_

What date did you report it? \_\_\_\_\_

\_\_\_\_\_

**INFORMATION ABOUT THE INJURY**

What part of your body was injured? \_\_\_\_\_

Any other part or parts injured? \_\_\_\_\_  
\_\_\_\_\_

What kind of injury (sprain, cut, broken bone) \_\_\_\_\_

**INFORMATION ABOUT TREATMENT**

Which Doctor is treating you? \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Which clinic is treating you? \_\_\_\_\_

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

Phone number: \_\_\_\_\_

What treatment are you receiving (pills, heat treatment, etc.) \_\_\_\_\_  
\_\_\_\_\_

Has the Doctor told you to be off work? \_\_\_\_\_

**GENERAL INFORMATION**

Have you ever injured the same part of your body before? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you understood the questions you have answered? \_\_\_\_\_

Signed: \_\_\_\_\_

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