MUNICIPAL LEAGUE WORKERS' COMPENSATION TRUST
POST OFFICE BOX 38
NORTH LITTLE ROCK, AR 72115

EMPLOYEE'S REPORT OF ACCIDENT

MAIL TO:

TO BE COMPLETED BY EMPLOYEE:

PERSONAL: Name ______________________ Tel. # __________ Birth Date __________
Last First Middle

Address: ______________________ Marital Status __________ Sex __________
Street City State Zip

Dependents' Names and Ages ______________________

____

EDUCATION

Circle Highest Level Completed

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4

Vo Tech ______________________ Other ______________________

EMPLOYMENT: Present Employer __________ Job Title __________ Wages Wk. __________

Length of Employment __________. If less than 5 years with present employer, list employers of past 5 years: __________

____

____

ACCIDENT: Date of Accident __________ Time __________ Place __________

Describe fully how accident happened ______________________

____

Who did you report this accident to? __________ When? __________

Who witnessed the accident? ______________________

Who is your supervisor? ______________________

How could the accident have been prevented? ______________________

INJURY: Nature and location of injury (describe part(s) of body ______________________

____

Name and Address of Doctor(s) ______________________

____

Who selected Your Doctor? __________ Date of First Visit __________

1st day unable to work? __________ Are you still under doctor's treatment? __________

DISABILITY: How long does your doctor anticipate you will be off? __________

Are your wages continuing? __________ If so, from what source? __________

Regular wages __________ Sick Leave __________ Vacation __________

Have you ever collected compansation for a prior injury? ( ) yes ( ) no

If yes, give details ______________________

____

Have you ever had any other condition or injury involving this part of your body prior to this injury? ( ) yes ( ) no

If yes, give details ______________________

____

Name and Address of Family Physician ______________________

REMARKS: ______________________

____

Signature of Employee ______________________ Date __________

Use back for additional space.