**ACCIDENT FORM SITE COPY**

In the event of an accident please complete this form and return it to this office immediately.

Should the accident be fatal, telegraph or telephone the office where and when the inquest is to be held.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FULL NAME |  | | | WHAT IS THE INJURY! State fully its nature and extent and if a limb, whether right or left. |
| ADDRESS |  | | |
| AGE |  |  | |  |
| ADDRESS OF SITE AND EXACT POSITION WHERE ACCIDENT OCCURRED |  | | |  |
|  | | |  |
| DATE and HOUR |  | | A.M.  P.M. |  |
| WHEN DID THE INJERED MAN CEASE WORK ? |  | | |  |
| WHAT WORK WAS HE DOING AT THE TIME |  | | | HOW DID THE ACCIDENT HAPPEN ? |
|  | | |
|  | | |  |
| WAS THERE ANY NEGLIGENCE BY HIM OR ANYONE ELSE ? |  | | |  |
|  | | |  |
|  | | |  |
| NAME AND ADDRESS OF WITNESS, IF ANY |  | | |  |
|  | | |  |
|  | | |  |
| WHERE IS THE MAN NOW ? |  | | |  |
|  | | |  |
| FORMAN’S SIGNATURE AND DATE |  | | |  |
|  | | |  |