

**DePauw University**

**Workplace Accident/Incident Investigation  
Statement by Injured/Ill Employee**

*(Please Print or Write Legibly)*

Name of Employee: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_

Description of Events Immediately Preceding Accident/Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Task/Activity Engaged in at the Time of the Accident/Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of the Accident/Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause of the Accident/Incident?: \_\_\_\_\_

Equipment/Materials Involved in the Accident/Incident?: \_\_\_\_\_

\_\_\_\_\_

Witness(es)?: \_\_\_\_\_

Others with Relevant Knowledge?: \_\_\_\_\_

To who are the accident/incident reported? \_\_\_\_\_

Did you request medical attention?  Yes  No

In an effort to make our workplace accident-free, we would like your assistance in trying to prevent a similar accident/incident from occurring again. Could anything have been done to prevent this accident (additional training, different equipment, protective devices, etc.)?

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

Any other comments, observations or suggestions that you can provide?

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_