

Mang Insurance Agency
56 Clifton Country Road, Suite 202
Clifton Park, New York 12065
(518) 383-2910

WORKERS COMPENSATION
BODILY INJURY REPORT

INSURED:	POLICY #
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ADDRESS:

CONTACT PERSON:	PHONE: ()
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NAME OF INJURED PARTY:	AGE: _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS:

CONTACT PERSON:	PHONE: ()
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EMPLOYEE STATUS: OWNER OTHER

DATE OF ACCIDENT: _____ DAY OF THE WEEK: _____ TIME: _____ PM or AM

DESCRIPTION OF ACCIDENT (INCLUDE CONDITIONS):

EXTENT OF INJURIES:

WERE POLICE/AMBULANCE CALLED? YES NO WERE YOU ATTENDED BY DOCTOR/HOSPITAL? YES NO

IF YES, NAME OF SERVICE: _____

WILL OSHA BE ADVISED? YES NO WERE PHOTOS TAKEN? YES NO BY WHOM? _____

WHO IS RESPONSIBLE FOR SUPERVISION OF THE AREA? _____

EQUIPMENT WAS INVOLVED? _____

SITE LAST INSPECTED? _____ BY WHOM? _____

LOCATION INSPECTED IMMEDIATELY AFTER ACCIDENT? YES NO BY WHOM? _____

NAME, ADDRESS AND PHONE FOR ANY WITNESSES:

1) _____

2) _____

3) _____

4) _____

USE SEPARATE SHEET FOR ANY ADDITIONAL INFORMATION

REPORTED BY: _____ (PRINT) _____ (SIGN)