



**WORKERS' COMPENSATION INCIDENT REPORT**

Print Employee's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

NU I.D. # \_\_\_\_\_ Phone where you can be reached \_\_\_\_\_  
(8-digit number from your UNL NCard)

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

**INCIDENT INFORMATION**

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_ am pm Date Reported \_\_\_\_\_

To Whom Reported? \_\_\_\_\_ Did you miss time from work for the injury? Yes No

**If yes**, give dates and times \_\_\_\_\_

Returned to Work? Yes/No Full Duty/Light Duty **If no**, date expect to return? \_\_\_\_\_

What part of your body was injured? (*Right leg, left arm*) \_\_\_\_\_

What is the injury? (*Cut, Sprain, Bruise*) \_\_\_\_\_

Explain in detail how the injury occurred? \_\_\_\_\_

Where did the injury occur? (*Physical location*) \_\_\_\_\_

Any Witnesses? Yes No **If yes**, give names \_\_\_\_\_

Did you seek medical treatment? Yes No **If yes**, give date & time

Doctor's name \_\_\_\_\_ Return visit date \_\_\_\_\_

What type of treatment are you getting? \_\_\_\_\_

How are you getting along now? \_\_\_\_\_

Have you ever injured this part of your body before? Yes No

**If yes**, explain when, how and to what extent: \_\_\_\_\_

What would you do to prevent this from happening again? \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_