

**CLAIMS INVESTIGATION QUESTIONNAIRE
INJURED EMPLOYEE**

Injured Employee: _____ **Today's Date:** _____

Date of Accident: _____ **Time of accident** _____ **Jobsite location** _____

How long have you worked at your present occupation? _____ years _____ months

Scheduled work week hours _____ Starting time day of accident/incident? _____

Names of Foreman/General Foreman and/or Witnesses _____

Explain in detail how the accident/incident occurred – what you were working on and exactly what you were doing _____

Date and time you reported the injury _____ To Whom? _____

Have you ever been injured or been under a doctor's care for this particular part of your body in the past? _____

If yes, explain _____

Have you ever had a worker's comp claim? _____ If yes, explain _____

Doctor's name for present injury _____ Hospital _____

Stitches required? _____ Any restrictions? _____

Diagnosis? _____

Were you wearing your hard hat, safety goggles, gloves, or other protective wear as required for the type of work you were doing at the time of the injury? _____

Do you work part time at another job? _____ If so, where _____

What types of sports, recreations, yard work, etc do you do? _____

Comments: _____

Injured Employee Signature: _____

**CLAIMS INVESTIGATION QUESTIONNAIRE
FOREMAN / SUPERVISOR**

Foreman/Supervisor: _____ **Today's Date:** _____

Injured Employee: _____ **Date of Accident:** _____

Did you actually witness the accident/incident? _____

When did you first know about the accident/incident? _____

What exactly did the employee tell you about the following:

What happened? _____

What exact body part was injured? _____

When injured first knew he/she was hurt? _____

How he/she was hurt? _____

Who was the witness and how was the witness? _____

Did injured employee complain of any pain, illness prior to the accident/incident? _____ If yes, explain _____

What did you tell the injured employee to do? _____

Was medical treatment offered? _____ Did employee go to the doctor from job site? _____

Did injured employee refuse treatment? _____ If so, did injured sign a Waiver of Medical Treatment form? _____

Did employee go to the doctor? _____

Clinic/Hospital/Doctor employee was sent to _____

Was injured told to return to the job site after medical treatment with a Return to Work/Release from Work slip? _____

Is there anything unusual about this incident? _____ If yes, explain _____

Was employee working normally until the accident/incident? _____ If not, explain _____

What are the names of the employees working with the injured or in the immediate vicinity at the time of the incident

Additional Comments: _____

**CLAIMS INVESTIGATION QUESTIONNAIRE
WITNESS TO ACCIDENT/INCIDENT**

Witness Name: _____ **Today's Date:** _____

Date of Accident: _____ **Time of accident** _____ **Jobsite location** _____

What exactly was the injured employee doing at the time of the accident/incident and what caused the injury? _____

What exact body part was injured? _____

When did you first realize the injured was hurt? _____

Did injured employee complain of any pain, illness prior to the accident/incident? _____ If yes, explain _____

How long have you known the injured employee? _____

Do you know of any other similar injuries to the employee in the past? _____

Do you know of any sports, recreational events that the injured participates in on a regular basis? _____

If yes, explain _____

Additional Comments: _____

