

**CITY OF EAGAN EMPLOYEE'S REPORT OF INJURY**

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

Date of Birth: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Married status: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee's personal phone number: \_\_\_\_\_

Job title: \_\_\_\_\_ Department: \_\_\_\_\_ Date hired: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Time Employee began work on date of injury: \_\_\_\_\_

Date you notified employer of injury: \_\_\_\_\_ Date of first day of lost time: \_\_\_\_\_

Employer paid for lost time on day of injury (DOI) Yes: \_\_\_\_\_ No: \_\_\_\_\_ No lost time on DOI \_\_\_\_\_

Date Returned to work: \_\_\_\_\_ Did injury occur on employer's premises? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, provide address or location: \_\_\_\_\_

**Tell us how the injury occurred** (Example "When ladder slipped on wet floor, worker fell 20 ft" or "Worker was sprayed with chlorine when gasket broke during replacement" or "Worker developed soreness in wrist over time") and **What the employee was doing before the incident** (Examples "Climbing a ladder while carrying roofing materials" or "Spraying chlorine from hand sprayer" or "Daily computer entry"):

What was the injury (part of body): \_\_\_\_\_

What tools, equipment, machines, objects, or substances were involved?

Who did you report the injury to: \_\_\_\_\_

Urgent Care/Emergency Room Yes: \_\_\_\_\_ No: \_\_\_\_\_ Overnight In-Patient Yes: \_\_\_\_\_ No: \_\_\_\_\_

Hospital/Clinic name and address: \_\_\_\_\_

Treating Physician or Health Care Provider's name: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_ Names of witnesses: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE