CITY OF HIALEAH

EMPLOYEE INJURY REPORT

(To be completed by Employee)

Employee's Name(first, middle, last): _____

Social Security Number: _____ Date of Birth: _____ Sex: _____

Employee's Home Address: _____

Employee's Home Telephone Number: _____

Department: _____

Supervisor's Name: _____ Telephone #: _____

Occupation: _____ Employed since: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident(Address): _____ Employer's Premises: Yes ___ No____

Has this accident happened to you before? Yes _____No _____

Has this accident happed to anyone else in your department? Yes ____ No _____

Do you have a second job? Yes _____ No _____

If yes, Employer's Name & Telephone #: _____

Describe the accident? (State fully what you were doing at the time of the accident. State all factors contributing to the accident. If you need additional space for your statement please use separate paper.)

_____

_____

Do you feel this accident was avoidable, and if so, how? _____

_____

Describe the part of the body that was injured: _____

There were any Witness? Yes _____ No _____., If Yes, complete the Witness Statement Form in Addendum #2.

Do you wish to see a doctor? Yes _____ No _____

If yes, contact the Risk Management Office at (305-883-8059) for the name of Doctor. I f you have already seen a doctor, please provide name, address, and telephone number of Doctor. _____

Name of Doctor: _____ Telephone #: _____

Address: _____

Do you require hospital treatment? Yes ____ No ____ Name of Hospital: _____

Are you able to return to work? Yes _____ No _____

Note: If you received medical care, you will need to provide a DWC-25 or a doctor's note from the authorized workers' compensation physician or emergency room.

Are you requesting Workers' Compensation Benefits 70-66? Yes _____ No _____

If yes, you must complete the Form 70-66 in Addendum #2.

I hereby certify that the above injury happened in the Scope of Work while employed by the City of Hialeah, and the report has been made to the best of my knowledge.

_____ _____

Employee Signature Date File Reported

Revised by MSotero March 2022