

**Bois Forte Tribal of Government
Employee's First Report of Injury**

Name: _____ Position: _____

Address: _____ Phone #: _____

Property: _____ DOB _____ SSN _____
(address where injury occurred)

Marital Status: Married Single Date of Hire _____

Detail of physical condition:

Date first notified supervisor _____ Time of day _____ AM/PM

Describe what you were doing at the time of the injury: (Part of body affected, name of object or substances involved, nature of injury, type of accident, etc.)

How did you feel before the incident?

Did this injury cause you to miss work? Yes No Last day worked _____

How many hours did you lose? _____

Date returned or expected to return to work _____

Were there any witnesses: Yes No How many? _____

Name of witness or witnesses: _____

Did you receive any medical treatment for this injury? Yes No If yes, please provide the following:

Doctor: _____

Phone Number: _____

Address: _____

Date of visit: _____

Has this type of injury occurred previously? Yes No If so when? _____

Treated by a doctor? Yes No Name of employer at the time _____

I have read this statement and it is true to the best of my knowledge

Employee's Signature

Date