

VILLAGE OF BLOOMINGDALE

EMPLOYEE'S STATEMENT OF INJURY

Injured Employee Must Complete All Questions In Own Handwriting. (Use back of sheet if more space is needed.)

NAME:		ADDRESS: _____	
(Last)	(First)	(MI)	CITY/ZIP: _____
		PHONE NO: (_____)	
DEPT:	JOB TITLE:	NAME OF SUPERVISOR:	
DESCRIBE THE NATURE OF ALL INJURIES (Identifying all parts of your body that were injured):			
EXPLAIN EXACTLY WHAT HAPPENED:			
NAMES & PHONE NUMBERS OF WITNESSES:			
DATE & HOUR INJURY OCCURRED: _____ / _____ / _____ A.M. _____ P.M.			
WHERE DID THIS OCCUR:			
DATE & HOUR YOU NOTIFIED EMPLOYER: _____ / _____ / _____ A.M. _____ P.M.			
REPORTED TO WHOM:			
WHAT WERE YOU DOING AT TIME OF INJURY:		DESCRIBE ANYTHING YOU WERE DOING DIFFERENTLY THAN USUAL	
DATE & TIME YOU FIRST SAW DOCTOR: _____ / _____ / _____ A.M. _____ P.M.			
FIRST FULL DAY/SHIFT MISSED DUE TO THIS INJURY:			
NAMES OF ALL DOCTORS YOU HAVE SEEN FOR INJURY:			
HAVE YOU HAD COMPLAINTS TO THE SAME PART OF YOUR BODY IN THE PAST:			
IN THE EVENT YOUR WORK-RELATED INJURY EXTENDS BEYOND 1 YEAR FOR FULL TIME POLICE OFFICERS OR 30 DAYS FOR ALL OTHER EMPLOYEES, IS IT YOUR DESIRE TO SUPPLEMENT THE 33.33% REDUCTION IN COMPENSATION WITH YOUR ACCUMULATED LEAVE TIME (SICK, PERSONAL, VACATION)? YES _____ NO _____			
I have read the above statement and it is true and complete to the best of my knowledge and belief.			
Employee's Signature: _____		Date: _____	