**Accident Investigation Form**

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| **Company Information** |
| Date: | Time: | Company Name |
|  |  |  |
| Address: Ghent, West Virginia |
|  |
| Office Telephone: | Other/Cell Number: |
|  |  |
| **Injured Personnel Information** |
| Injured Name:  | Sex: |
|  |  |
| Age: | Job Title: |
|  |  |
| Hired Date: | Time of Accident: |
|  |  |
| Address: |
|  |
| Home Telephone: | Other/Cell Number: |
|  |  |
| Shift: | Description of Injury:  |
| Employee Number: |

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| **Injured Personnel Information** |
| Injured Name: | Sex: |
|  |  |
| Age: | Job Title: |
|  |  |
| Hired Date:  | Time of Accident: |
|  |  |
| Address:  |
|  |
| Home Telephone: | Other/Cell Number: |
|  |  |
| Shift: | Description of Injury:  |
| Employee Number: |
| **Injured Personnel Information** |
| Injured Name: | Sex: |
|  |  |
| Age: | Job Title: Ghent Volunteer Firefighter |
|  |  |
| Hired Date: | Time of Accident: |
|  |  |
| Address: |
|  |
| Home Telephone: | Other/Cell Number: |
|  |  |
| Shift: | Description of Injury:  |
| Employee Number: |