**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: |