

**STARKE COUNTY  
EMPLOYEE'S FIRST REPORT OF ACCIDENT**

**DATE & TIME OF REPORT:**

**PART 1: TO BE COMPLETED BY THE EMPLOYEE:**

NAME:

HOME ADDRESS:

HOME PHONE NUMBER: \_\_\_\_\_

OCCUPATION AT THE TIME OF THE ACCIDENT (STATE POSITION/TITLE): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

DATE & TIME OF ACCIDENT: \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

DATE ACCIDENT REPORTED TO SUPERVISOR:

TO WHOM REPORTED & JOB TITLE:

DESCRIPTION OF ACCIDENT (AREA, CONDITIONS & HOW THE ACCIDENT HAPPENED):

DESCRIPTION OF INJURY OR ILLNESS, INCLUDING SPECIFIC BODY PARTS AFFECTED:



**PART 2: TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR:**

DATE & TIME FIRST NOTIFIED OF ACCIDENT: \_\_\_\_\_

DEPARTMENT CONTACT PERSON & PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

DATE AUDITOR'S OFFICE NOTIFIED OF ACCIDENT: \_\_\_\_\_

DATE AUDITOR'S OFFICE PROVIDED WITH 75ERA: \_\_\_\_\_

\*\*\*NOTIFICATION & 75ERA TO BE PROVIDED TO AUDITOR'S OFFICE AS SOON AS POSSIBLE-FAILURE TO DO SO COULD RESULT IN A FINE FROM CARRIER\*\*\*

SUPERVISOR'S SIGNATURE & TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**FOR AUDITOR'S OFFICE USE**

DATE 75ERA RECEIVED: \_\_\_\_\_

DATE/TIME OF INITIAL APPOINTMENT: \_\_\_\_\_

LOCATION OF INITIAL APPOINTMENT: \_\_\_\_\_

DATE PAPERWORK SENT TO CARRIER: \_\_\_\_\_