



Fire Security Electronics & Communications, Inc.

17621 North 25th. Avenue • Phoenix, Arizona 85023 • Phone (602) 564-7770 • FAX (602) 564-7776
2015 W. Ruthrauff Rd. Suite 143 • Tucson, Arizona 85705 • Phone (520) 505-4171 • FAX (520) 989-0438
www.fsec.net • email: sales@fsec.net • ROC# 086767 CR-67, 272085 C-16

INJURY REPORT

This form must be completed and turned in within 24hours of the injury either by the injured or if unable by the leadman on site. Failure to turn in the paper work in a accurate and timely manner can result in denial of claim by our workers compensation carrier.

PERSONAL INFORMATION

NAME: _____
Last
First
M.I.

S.S #: _____ - _____ - _____ **D.O.B.** ____ / ____ / ____

Home Address: _____
Street
City
State/Zip

Marital Status: Single / Divorced / Married / Widow **Sex:** M / F

Telephone #: (_____) _____

INJURY INFORMATION

Date of Injury: ____ / ____ / ____ **Work Start Time** _____

Hour of Injury: _____ A.M. / P.M.

Date Employee was Notified of Injury: ____ / ____ / ____

Last Day of Work After Injury: ____ / ____ / ____

Date of Return to Work: ____ / ____ / ____

Location / Address of Accident: _____

Street
City
State / Zip

Nature of Injury (i.e. Bruise, Scratch, Cut, Etc.): _____

Part of Body Injured: Right Side / Left Side / Both

Attending Physician & Address: _____

Street
City
State / Zip

If Hospitalized, Where?: _____
Name
Street
City
State/Zip



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For workers compensation filing what were you doing that caused the injury:

What object or substance were you injured by:

What were you doing right before the injury occurred:

WITNESSES:

NAME: _____ **Phone:** _____

NAME: _____ **Phone:** _____

FIRST AID ADMINISTERED BY:

NAME: _____ **Phone:** _____

DATE: _____ **TIME:** _____ **AM / PM**

TAKEN TO MEDICAL FACILITY BY:

NAME: _____ **Phone:** _____

DATE: _____ **TIME:** _____ **AM / PM**

EMERGENCY CONTACT NOTIFIED BY:

NAME: _____ **DATE:** _____



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TRAFFIC INJURY INFORMATION

FSEC Employee Info

Vehicle #: _____

Driver's License #: _____

Time of Accident: _____

Weather Condition: _____

Other Driver Info

Name: _____

Driver's License #: _____

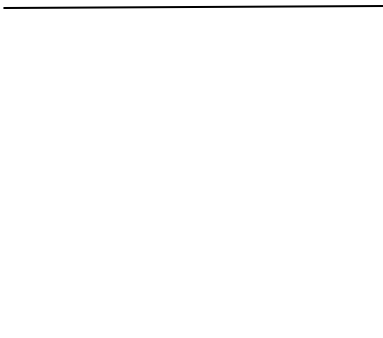
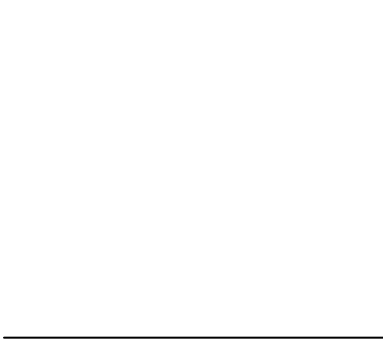
License Plate #: _____

VIN #: _____

Insurance Carrier: _____

Insurance Phone #: _____

Illustrate Collision Below





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BRIEF DESCRIPTION OF ACCIDENT

SIGNATURE

DATE