

**PERSONAL INJURY REPORT**  
**DOUGLAS-CHEROKEE ECONOMIC AUTHORITY, INC.**

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Where did the incident occur? (If at location other than a DCEA location, please list address)

\_\_\_\_\_  
\_\_\_\_\_

Describe in full detail how the accident occurred (use another sheet if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the injury sustained and what part of the body affected by injury (example: sprain right ankle, twisted left knee). Please be very specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Date & Time Reported to Central Office: \_\_\_\_\_

Witnesses to the Accident: \_\_\_\_\_

Have you missed any work due to the injury? If so, indicate which days you missed and when you are to return to work: \_\_\_\_\_

What type of treatment have you received for the injury? \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Attending Physician and/or Hospital: \_\_\_\_\_  
\_\_\_\_\_

Date of Treatment: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Supervisor