SUPERVISOR'S INVESTIGATION REPORT

(TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR)

(PRINT NEATLY OR TYPE)

Report Date:_____ Accident Date:_____ Time of Accident: _____

Time employee started working: _____

Name of Injured Employee:_____Gender: _____ DOB:_____

Address: _____ City: _____State: _____ ZIP: _____

Social Security No:_____ Telephone No: (Work) _____

Date Employed: _____ Job Title: _____ Department: _____

Address/Specific Location of Accident: _____

Scheduled Days off: ☐ S ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S **(check days off)**

Specific Job Task Performed by Claimant at Time of Injury: _____

In Employee's own words, how did accident happen? Please describe in detail.

Did anyone witness the accident? ☐ Yes ☐ No If yes, provide full names, addresses and phone numbers - if known.

Did you examine the accident area? ☐ Yes ☐ No If no, why not.

If yes, describe what you observed at the accident area.

Name of machine, tool, substance, or object most closely connected with the accident (type of machine, tool, appliance, furniture, gas, liquid, etc.) involved.

Was the Safety Coordinator informed of the equipment defect? ☐ Yes ☐ No If yes, to whom and date noted. If no, why.

Describe what part and how the equipment was defective.

Disposition of equipment - (repaired or replaced) Explain in detail:

Extent of Injuries - Describe Part(s) of Body Injured.

If the employee died as a result of the accident, the date of death

Was immediate medical treatment rendered? ☐ Yes ☐ No If so, where?

Was the employee treated in an emergency room? ☐ Yes ☐ No

Include names of physicians and medical facilities, addresses and phone numbers.

Do you have any knowledge of any other factors, information, or concerns that would be pertinent to our investigation of this incident?

Form completed by:

Name: _____ Signature: _____

Position Title: _____ Address:_____

Phone No: _____ Date: _____

Cell Phone No: _____ Email Address: _____

Cook County Department of Risk Management, Workers' Compensation Division
118 N. Clark Street, Room 1072, Chicago, IL 60602
work.comp@cookcountyil.gov