

SUPPLEMENTAL REPORT OF INJURY

PLEASE PROVIDE ANSWERS WHERE APPLICABLE

ADDITIONAL INJURY/TREATMENT DETAILS

IF MULTIPLE BODY PARTS WERE INJURED, PLEASE PROVIDE A LIST OF THE BODY PART, LEFT OR RIGHT SIDE, AND INJURY (Example: Bruised Left Elbow):

Did you authorize any medical treatment: Yes No

If yes, explain:

Is follow-up medical treatment needed/requested: Yes No

If yes, explain:

Are you aware of any pre-existing injury(s) or health issues related to the injury or injured body part: Yes No

If yes, explain:

WITNESSES / RESPONSIBLE PARTIES

Any witnesses to the accident/injury: Yes No

Witness Name(s)/Phone(s):

Is there surveillance video of the accident/injury: Yes No

If yes, please secure a copy of the video for future reference, if needed.

Is a 3rd party responsible or potentially responsible for the accident/injury?

Yes No

If yes, explain or provide the name of the responsible party(s):

Was there a malfunction of any equipment or machinery that may have been in use when the accident/injury occurred?

Yes No N/A

INVESTIGATION/SAFETY

Was the injured employee performing his/her normal job duties at the time of the accident/injury?

Yes No

Do you have any concerns or suspicions that the accident DID NOT occur at work as reported by the injured employee?

Yes No

Are you aware of any written safety policy or guideline that was violated which may have contributed to or caused the accident/injury?

Yes No

CONTACT INFORMATION

Who is the best person(s) at the business to contact about this claim moving forward?

Name:

Email:

Job Title:

Phone:

Do you have any immediate questions or concerns about this accident/injury that you need to discuss with our office?

Yes No If yes, provide a brief explanation:

Please forward any related documentation or correspondence you have received related to this accident/injury.

RETURN COMPLETED FORM AND DOCUMENTATION TO
(334) 263-1976 OR CLAIMS@ALABAMARETAIL.ORG