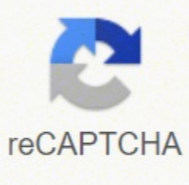




I'm not robot



**Next**

**WORKPLACE ACCIDENT REPORT SAMPLE LETTER**

Supervisor Name  
 Title  
 Employer Name  
 Address

Dear [Supervisor Name]:

I am respectfully presenting this letter as written notice that I was involved in a work-related accident on [date of incident] at approximately [time of incident]. [I was injured / I became ill] when [give clear details involving the accident, including what led up to it].

The following personnel witnessed the accident described above:

NAME	TITLE

Immediately following the accident, I spoke with [name of person with whom you spoke] and reported what happened, as described above. I [did/did not] receive treatment following the accident, which included [list any medical treatment obtained; if none, remove this part of the sentence]. I am currently in the process of having my injuries evaluated, and it is my understanding that, thus far, I have suffered the following injuries: [list the body parts injured without giving a specific diagnosis].

My medical provider, [doctor's name], has placed me on [light duty/work restrictions], and has given me the following restrictions: [list restrictions]. Please let me know if you can accommodate these restrictions. If so, I'm kindly requesting a written letter describing my new job duties post-accident. I will learn more at my follow-up appointment on [date].

Due to uncertainties regarding the full extent of my injuries, recovery plan, and future treatment I may require, it will be necessary for me to file a workers' compensation claim. If you could please provide me with the name of our workers compensation insurance carrier, and the best way for me to file a claim with them, I would appreciate it. Also, please send me a copy of any reports or documents you have already completed because of this workplace accident.

Please reach out to me any time if you need information regarding the accident, my injuries, and my restrictions. I appreciate your assistance as we work through this together.

Sincerely,

[Your name]  
 [Employee ID]  
 [Contact phone / email]

**Sample Request Letter 11**

**OSHA/NJPEOSH 301 INCIDENT REPORT FROM EMPLOYEE OR FORMER EMPLOYEE**

Date:

Employer Official  
 Employer  
 Address

RE: OSHA/NJPEOSH 301 Incident Report

Dear (employer representative),

As an employee (former employee) at (name of the workplace or employer), and in accordance with OSHA/NJPEOSH regulation 1904.35, I am requesting copies of all Form 301 Injury and Illness Incident Reports for myself for the current calendar year (and for the previous calendar years including \_\_\_\_\_).

These copies are required to be provided to me by the end of the next business day from the date of this request. As this is the first time that I have asked for copies of these records, they shall be provided to me at no cost.

Sincerely

Name/Signature (Employee or former employee)  
 Address

**Please Select Type:**

- Employee Injury       Accident Incident       Property Damage/Stolen Property  
 Subcontractor Injury

**INJURED PARTY/CLAIMANT:**

Name: \_\_\_\_\_      SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_      Home Phone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_      Date of Birth: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Occupation When Injured: \_\_\_\_\_

**TIME AND PLACE OF ACCIDENT / INCIDENT**

Did Accident Occur on University Premises?     Yes     No  
 Accident Location (Job Name): \_\_\_\_\_      Job No.: \_\_\_\_\_  
 Address: \_\_\_\_\_      State/Zip: \_\_\_\_\_  
 Date: \_\_\_\_\_      Time: \_\_\_\_\_      Lost Time:     Yes     No  
 Name of Foreman/Supervisor: \_\_\_\_\_  
 Last Day Worked: \_\_\_\_\_      Return to Work: \_\_\_\_\_  
 Reported to Employer: \_\_\_\_\_  
 To Whom was Accident Reported: \_\_\_\_\_

Were University Personnel On Site When the Accident/Incident Occurred?     Yes     No

**DESCRIPTION OF ACCIDENT / INCIDENT (completed by employee)**      See Attached [Employee Description](#)

**WITNESS CONTACT INFORMATION**      See Attached [Witness Contact Info](#)

**MEDICAL ATTENTION:**

Was Medical Attention Provided:     Yes     No      When: \_\_\_\_\_  
 Name of Doctor/Hospital: \_\_\_\_\_      Phone No.: \_\_\_\_\_  
 Address of Doctor/Hospital: \_\_\_\_\_

Did this accident/incident meet the criteria for a post-accident/incident drug and alcohol test as defined by the COATS Substance Abuse Program?     Yes     No

If yes, were applicable drug and alcohol tests performed and submitted to the COATS database administrator?     Yes     No

If no, explain why: \_\_\_\_\_

**SIGNING THIS REPORT DOES NOT CONSTITUTE CERTIFICATION OF AN INDUSTRIAL CLAIM (signatures)**

Meena Prasad  
22 Kallian Street  
Lark Road, Marina 2122  
Contact: 9753 991242  
Email: meena@prad.com

April 18, 2012

Dear Mr. Subramanian,  
I am writing to you regarding the position of Sales Administrator at your company.

I have been working in sales for the past 5 years and I have a strong background in sales and customer service. I have a proven track record of exceeding sales targets and I am confident that I can bring the same level of dedication and hard work to your company.

I am a highly motivated individual with a strong ability to work in a fast-paced environment. I am a team player and I am always willing to go above and beyond to ensure the success of my team and the company.

I would be grateful if you could meet with me to discuss the position in more detail. Please contact me at your earliest convenience.

Yours sincerely,  
Meena Prasad

Sample form for your own use (not for reporting to WorkSafe).

**ACCIDENT/INCIDENT REPORT FORM**

Record No: \_\_\_\_\_

**Personal details**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Section/Dept: \_\_\_\_\_ Date of report: / /

**Accident/incident details**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date reported: / /

Location: \_\_\_\_\_ Witness: \_\_\_\_\_

Reported to whom: \_\_\_\_\_

**Full accident/incident details – what happened, or in the case of a near miss, what could have happened**

**Injury – Nature of injury**

L Concussion/corn  
L Laceration/open wound  
L Contusion  
L Fracture  
L Dislocation  
L Foreign body  
L Internal injury  
L Internal organ

L Burn  
L Superficial injury  
L Sprain/strain  
L Fracture  
L Dermatitis  
L Hand/fingers  
L Shoulder/arms  
L Trunk (other than back)  
L Hip/leg  
L Foot/toes  
L Back

**Location of injury**  
L Head/face  
L Hand/fingers  
L Hip/leg  
L Other (state)

**Results of accident**  
Lost time injury Y / N  
Treatment received:  First aid  Doctor  Hospital

No. of days: \_\_\_\_\_ days  
Workers' compensation Y / N

**Damage to equipment/buildings/vehicles etc.**  
What was damaged? \_\_\_\_\_

Extent of damage: \_\_\_\_\_

**Contributing factors**  
What were the contributing factors (if any)? \_\_\_\_\_

**Corrective actions**  
Immediate actions \_\_\_\_\_

What controls can be put in place to prevent this from happening again? \_\_\_\_\_

Recommendations for action \_\_\_\_\_

Who is to implement these controls/corrective actions? \_\_\_\_\_

Date by which action is to be taken: / /

How to write a letter reporting an accident.

Record Pattern of the vehicle matching police through: roho.4senses.co 7+ Vehicle COINCERCE Police Récord Pattern 日本語 Created by: MyIntroductionTter.com Record Pattern of the vehicle matching police through: Roho.4Senses.co If, in the driver, you are physically incapable of creating a report, the law exempts you No matter how you get the police file, the Investigation Officer may take a few weeks to complete the report and be available. Just because there may be information in the application file of the law, it does not allow it to be true. At first, the most important issue to be understood about a police traffic collision report is not admissible in the trial as evidence. You may not know what to do after the accident to make sure certain things are taken care of. If you are involved in a work-related accident, be sure to report it. In general, there is a small difference between who caused the accident and who is legally responsible. Everyone should know what to do, they must get involved in a car accident. If you are involved in a car accident, you have several things you will need after the accident as a way to prepare a car insurance case. If you think your car will be totalized, you must find a new car immediately. When your vehicle is completed, the insurance provider will want to take you to check immediately and cut the leased vehicle. If repaired, you can keep the rent until your car is fixed. In other words, incident reports are essential as a way of communicating. It is then possible to plan the best way to use the report. A well-written accident report can not only explain the scenario, but also help prevent arcursion of a pitiful state. After purchasing the report, you can download and print it. If you are physically unable to make an immediate oral report or a subsequent written report of a car accident, and there was a In your car or truck at the appropriate time of the accident you can create a report, the passenger must present the report or make someone else do so there are two meals to get a police report. The police accident report is a crucial element for your insurance volley, and you will want to review it before taking measures to recover the insurance money. If you must submit an accident report in writing, since the accident was not investigated through a police agency, but could not do so, you could be responsible for an independent traffic crime that does not travel. When you receive your accident file, make sure the date is correct. Now that it has its Indiana accident file, you must understand what is more important. Reports often incorporate a diagram to spell narrative. Therefore, if you are expected to produce a block file, download these samples in practice at any time. A failure report is the first thing to be written. The report on traffic accidents of the police officer can be crucial to obtain the coverage of the insurance volley that you need and should be part of each case of car accident. It makes use of the Police file to put Twist of Fate à € "Darfoor Legislation by means of: DarfoorLaw.com Police vehicle matching pattern Register through: www.after-car-accidents.com Pattern Police Stories PortablegasGrillWeber.com Mode of: PortablegasGrillWeber.com Vehicle Match pattern Police background through: www.after-car-accidents.com 5+ Police Background Pattern Holding International Strategic Assists through: GlobalStrategicSourcing.com Matching Patter Police vehicles through: www.after-car-accidents.com 5+ police background pattern have international strategic assists through: GLOBALSTRATEGICSOURCING.COM Matching pattern by police Through: www.after-car-accidents.com Index /cdn/1/2015/91 About: www.camnum.internet vehicle coincidence police record recordBy means of: www.template.internet MA © all To write a repair automobiles from the destination file (with photos) by means of: www.wikihow.com Patter of RA © cord of the police coincidence Through: ROHO.4SENSES.CO FIVE + COYCIDENCE POLICE REGISTRATION | Number One Write by means of: Principal Polyida Police of the Vehicle Polyida Together Train: Roho.4senseense.co 17+ Police Patron PDF File Templates, Doc | Loose rate and cover through: www.template.internet Matching vehicle RA © cord of the police officer by means of: roho.4sens.co Similar Publications: Incident Report HIPAA Fax Fax Cover Pertura Permana Sample Sample Employee Recognition Specification Program of the BucIÁ "N Invoice Template Non-Competition Florida Template Letter Letter Letter Press Bulletin Templates Sign Letter Sign Letter Demand Personal Automobile Insurance Template Template Disclaimer Free Shipping Examples for Graduate School Blank Exemption Page Facebook Nurse Pages Propicles of Report of the FaceboopoPO Response Response Plan CÀ "MO Make a Car Off Paper Certifica Assistant Room User Innen Infume Installation Examples of Directions Per SOUNTERS FOR PERSONS PRESENTARIES PREMISIONAL COILS PATENT APPLICATION EXPECTION CONTRACTING INDEPENATE Terry of Labor Work Offer Board of Analysis Competitive Report Business Card True Popup Banner des Ign Professional Reference Listing Template Template Template of Template Payment Management Template template template template template template template postcard template from the TODAY OF THE NARRATORY OF THE CONVENTION OF THE DEVELOPING PROJECT DOCUMENT OF THE CLAIMS OF THE MILLAJE REEMBOLSO FORMULAR OF THE GASTO OF THE PUBLIC INFORMATION OF DEVIORTIONRegistration Template Working Template Employment Assignment Template Disaster Recovery Template Postal Postage Template Leasing Agreement Workstone Hostile Social Press Center Namine Deduction Template Namine Salary Registration Template Template Registration Registration Template Registration Template Our website is possible when you show online advertisements to our visitors. 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