Accident Investigation Injured employee: Occupation: Location: Date of accident: Time of accident: Nature of accident: Witnesses: Please provide a detailed description of how the accident/injury occurred: Please list any unsafe acts or conditions that may have contributed to the accident: Action taken to prevent recurrence:

CompWest Insurance Company is a member of AF Group. Insurance policies may be issued by any of the following companies within AF Group: Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company. 15454

Date

Supervisor signature