

KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way
Happy Camp, CA 96039
Ph: (530) 493-1414 • Fax: (530) 493-1415



1836 Apsuun Street
Yreka, CA 96097
Ph: (530) 842-1644 • Fax: (530) 842-1646

EMPLOYEE'S REPORT OF ACCIDENT/INJURY

To Be Completed BY EMPLOYEE Immediately
Return to Sara Spence in Happy Camp

Employee Name:		SSN:	
Date of Birth:		Accident Date and Time:	
Employee Mailing Address:		Date Reported:	
Employee Phone Number:		To Whom:	
Location of Accident/Injury:			
Nature of the Accident/Injury (strain, cut, fracture, scratch, burn, etc.) and Body Part Injured (head, eye, leg, back, hand, wrist, etc. Specify left or right):			
How Accident/Injury Occurred (struck by, fell from, cut with, exposed to, etc.) and Injury Source (machinery, desk, vehicle, person, tool, stairs, ladder, etc.):			
What were you doing when Accident/Injury occurred and Did weather contribute ex; rain, snow, ice, heat, etc.? Were there any witness(es) present or others injured? If yes, names.			
What do you think could be done to prevent the Accident/Injury from occurring again?			
Did you seek Medical Attention for the Accident/Injury? If yes, name of clinic and doctor:			
I certify that the above information is true and correct to the best of my knowledge.			
Employee's Signature:		Date:	