

Kalitta Charters

Safety Department 734-544-7041

734-485-6738

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|---|--------------------------------|--|----------------------------------|
| 1. Employee Name | 2. Social Security Number | 3a. Date Of Injury | 3b. Time Of Injury |
| 4. Employee's Address | 5. City | 6. State | 7. Zip Code |
| 8. Date Of Birth | 9. Sex Male Female | 10. Telephone Number | 11. Accident Location |
| 12. Last Day Worked | 13. Date Returned | 14. Returned W/Restrictions | 15. Did Employee Die? |
| 16. Injury City | 17. Injury State | 18. Injury County | 19. Scheduled Shift (Days/Hours) |
| 20. Was Employee Treated? Name, Address And Telephone Number Of Facility Where Employee Was Treated | | | |
| 20A. Did Employee Decline Treatment? | | 20B. Did Employee Initially Decline Treatment and Later Request Treatment? (NOTE: If later requesting/accepting treatment complete number 20 above) | |
| 21. Describe The Type Of Injury Or Illness (Example: Burn, Cut, Fracture, Etc.) | | | |
| 22. Part Of Body Directly Injured (Example: Hand, Arm, Finger, Etc.) | | | |
| 23. Describe The Events Which Caused The Injury (use additional paper if needed) | | | |
| 24. Name The Object Or Substance Which Caused The Injury | | | |
| 25. Date Of Hire FT Or PT (Circle One) | | 26. Occupation | 27. Company/Department |
| 28. Marital Status/Dependents | | 29. Rate Of Pay | 30. Date |
| 31. Preparer's Signature | | 32. Preparer's Telephone Number | 33. Date Employer Notified |
| 34. Witness(S) To Injury | | 35. Witness(S) Telephone Number | 36. Date |
| 37. Name Of Authorizing Manager | | 38. Signature | 39. Date |