



EMPLOYEE'S INCIDENT REPORT (To be filled out by the employee)

GUIDEONE™
INSURANCE

1111 Ashworth Rd
West Des Moines, IA 50265
GuideOne.com

Your Name: _____ S.S. # _____

Address: _____

Phone # _____ Marital Status: S M D W

Children under 18 (List sex and age): _____

Date of Birth: _____ Weight: _____ Height: _____

Facility Name: _____

Job Title: _____ Department: _____

Other Employment: Employer's Name: _____
Type of Work: _____

INFORMATION ABOUT THE INCIDENT

Date of the Incident: _____ Time: _____ Place: _____

What were you doing at the time of the incident? _____

What happened? _____

Property/Equipment Involved: _____

Witness, if any: _____ No witness to this incident

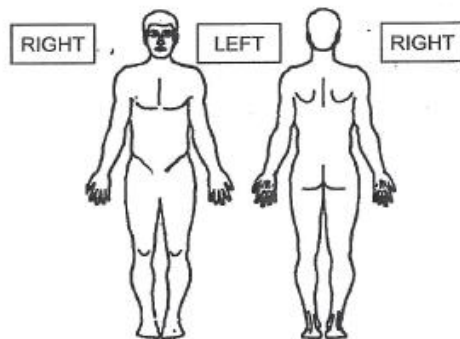
To whom did you report the injury? _____

What date did you report it? _____ Time: _____

Was any on site treatment received? If so, explain: _____

INFORMATION ABOUT THE INJURY

What part(s) of your body was injured? Describe in detail and circle the body parts on the figure on the right:



GENERAL INFORMATION

Who is your family doctor: _____ Phone # _____

Address: _____

Do you have any chronic illness (Diabetes, High Blood Pressure, etc)? _____

Have you understood the questions you answered? _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____



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