



# SEMINOLE NATION OF OKLAHOMA

P.O. Box 1498 Wewoka, OK 74884  
Ph: 405.257.7200 Fax: 405.257.7209

## ACCIDENT/INCIDENT REPORT

(Circle One)

### Guest or Employee Information:

Name: \_\_\_\_\_ (If Applicable) Job Title: \_\_\_\_\_ (Circle One) Full-time/Part-time/Temporary

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Circle One)  
Gender: Male / Female Birth date: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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### Accident/Incident Information:

Date of accident/incident: \_\_\_\_\_ Time: \_\_\_\_\_ Was this part of normal job duty? \_\_\_ Yes \_\_\_ No

Location of Accident/Incident: \_\_\_\_\_

What was being done before the accident/incident occurred? \_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Body Part(s) affected or injured: \_\_\_\_\_ Type of injury or illness: \_\_\_\_\_

What object or substance directly harmed the employee? \_\_\_\_\_

Witnesses: \_\_\_\_\_ (Name & Phone Number)

Report Prepared By: \_\_\_\_\_ (if different from the injured employee)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: Additional pages concerning the accident/incident may be attached.*