

# MUNICIPAL EMPLOYEE'S REPORT OF ACCIDENT

Mail to: Municipal League Workers' Compensation Trust

P.O. Box 37

North Little Rock, AR 72115



To be completed by employee:

**PERSONAL:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle mm/dd/yyyy

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex \_\_\_\_\_  
Street City State Zip

**EDUCATION:** Check highest grade level completed. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ High School ☐ ☐ ☐ ☐ College ☐ ☐ ☐ ☐  
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

Vocational Tech \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT:** Present Employer \_\_\_\_\_ Job Title \_\_\_\_\_ WagesWk \_\_\_\_\_

Length of Employment \_\_\_\_\_ If less than 5 years with present employer, list employers of past 5 Years:

**ACCIDENT:** Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_  
mm/dd/yyyy

Describe fully how the accident happened \_\_\_\_\_

Who did you report the accident to? \_\_\_\_\_ When? \_\_\_\_\_

Who witnessed the accident? \_\_\_\_\_

Who is your supervisor? \_\_\_\_\_

**Injury:** Nature and location of injury (describe part(s) of body): \_\_\_\_\_

Name and address of Doctor(s) \_\_\_\_\_

Who selected Your Doctor? \_\_\_\_\_ Date of First Visit \_\_\_\_\_

1<sup>st</sup> day unable to work: \_\_\_\_\_ Are you still under doctor's treatment? \_\_\_\_\_

**DISABILITY:** How long does your doctor anticipate you will be off? \_\_\_\_\_

Are your wages continuing? \_\_\_\_\_ If so, from what source? \_\_\_\_\_

Regular wages \_\_\_\_\_ Sick Leave \_\_\_\_\_ Vacation \_\_\_\_\_

Have you ever collected compensation for a prior injury? ☐ yes ☐ no

If yes, give details \_\_\_\_\_

Have you ever had any other condition or injury involving this part of your body prior to this injury?

☐ yes ☐ no. If yes give details \_\_\_\_\_

Name and Address of Family Physician \_\_\_\_\_

I \_\_\_\_\_, received this day, a copy (front and back) of the Arkansas Workers' Compensation Form AR-N.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date mm/dd/yyyy

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness