



Personal Injury Report

HR Partners Staffing, LLC
2568 Walden Ave. Suite 102 Cheektowaga NY 14225 (716)391-1718

In order for all claims to be filed correctly, this form must be filled out completely and to the best of your knowledge. Please Fax to the office (716)391-1721

To be filled out by injured/ill employee

| General Information | | | |
|-------------------------------------|------------|-------------|-------------------------|
| Last Name | First Name | Middle Name | Telephone Number () |
| Address (Number, Street, Apartment) | | | |
| City, State, ZIP Code | | | |

| Claimant Data | | |
|-----------------------------|---|------------------------------|
| Date of Birth: | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number: |
| Name of Company working at: | Work Address: | Work Telephone Number () |
| Position & Job Description: | | |

| Description of Accident | | |
|------------------------------------|--|------------------|
| Date of Accident: | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Location/Address |
| Describe fully what led to injury: | | |

Reported to Who and What Time:

Witnesses (Name and Telephone Number):

Medical Data

Clinic or Urgent Care:

Date First Seen

Inpatient? Yes No

Dates Inpatient:

Hospital or Emergency Room:

Address (Street, City, State, ZIP)

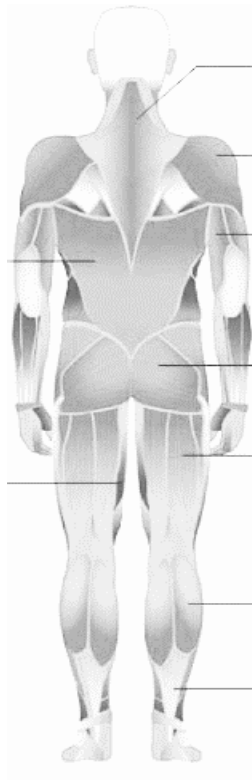
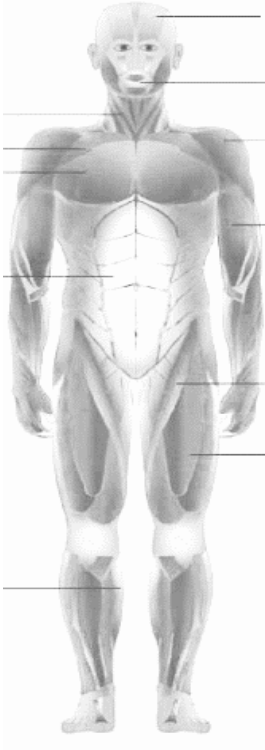
Refused Medical

Yes No

Injured Person's Initials:

Describe Parts of the Body Injured:

Indicate on Diagram Location of Injury



Injury:

- Abrasion, scrapes
- Amputation
- Bite / Sting
- Broken Bone
- Bruise / Cuntusion
- Burn (Heat)
- Burn (chemical)
- Concussion (to the head)
- Crushing Injury
- Cut, Laceration, Puncture
- Dislocation / Fracture
- Heat Stress
- Hernia
- Illness
- Sprain
- Strain
- Other

Prior Injuries (If Any) (Work related or not)

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

I hereby declare that the facts stated are true.

X

Injured Employee Signature

Date