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SEC

SAFETY ENGINEERING
& CLAIMS MANAGEMENT

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EMPLOYEE ACCIDENT REPORT

Employee Name: _____

Address: _____

Phone: _____ **Email Address:** _____

DOB: _____ **SS #:** _____ **Date of Hire:** _____

Job Title: _____ **School:** _____

Date of Injury: _____ **Time of Injury:** _____ **Shift Start Time:** _____

Location of Accident: _____

Body Parts Injured:

Please specify whether right or left side for each body part. (example: right hand, left knee, low back)

Specific Fingers/Toes: Index/First, Middle/Second, Ring/Third, Pinky/Fourth, Thumb/Great Toe

Describe Exactly What Happened: _____

Medical Treatment:

None at this time Minor by Employer Hospital Minor by Doctor/Clinic

Name of Supervisor _____ **Was the injury reported to your supervisor?** _____

When was the injury reported? _____ **To whom was the injury reported?** _____

What did your supervisor do? _____

List All Witnesses _____

Employee Signature _____ **Date** _____

Please submit all paperwork via fax or email after reporting claim online.