JEFFERSON COUNTY

EMPLOYEE AUTO ACCIDENT STATEMENT

Employee Name: _____ Date of Accident: _____

Location of Auto Accident: _____

Time of Accident _____am_____ pm Date/Time Reported ___/__/_____ _____am _____ pm

Account of Accident (include sequence of events and all pertinent data, including any witnesses of the event and details of injury if appropriate, etc):

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Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____