Forklift Accident Compensation Report

Report Date

Accident Date & Time

Employee Name

Employee ID

Job Title

Accident Location

Reporting Supervisor

Description of Accident

Injuries Sustained

Medical Attention Received

Forklift / Equipment Involved

Witnesses (Names & Contacts)

Immediate Actions Taken

Type of Compensation Sought

Compensation Details/Notes

Report Completed By

Signature

Date