

Injured worker must sign & return to employer's office.  
Employer returns to Benchmark Administrators, LLC.



	<h1>Benchmark</h1> <p>ADMINISTRATORS</p>	<b>Benchmark Administrators, LLC</b>
		<b>7881 W. Charleston Blvd. Suite 210 Las Vegas, NV 89117 Tel (702) 873-5115 Toll Free (800) 362-5198 Fax (702) 876-5584</b>

**INJURED WORKER ACCIDENT STATEMENT  
DECLARACION DEL ACCIDENTE DEL EMPLEADO**

COMPANY NAME: \_\_\_\_\_  
*Nombre de la Compania/Empresa:*

Injured Worker: \_\_\_\_\_  
*Nombre Del Trabajador Lesionado:*

Social Security #: \_\_\_\_\_ Accident Date: \_\_\_\_\_  
*Numero de Seguro Social: Fecha de Accidente:*

Job Title: \_\_\_\_\_  
*Ocupacion:*

Home Address: \_\_\_\_\_  
*Direccion:*

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
*Numero de Telefono: Edad: Sexo: Hombre Mujer*

To who was the injury/illness reported? \_\_\_\_\_  
*A quien le reporto su accidente?*

When was the injury/illness reported? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
*Cuando reporto su accidente? Fecha: Hora:*

Where did the accident occur? \_\_\_\_\_  
*En donde ocurrio el accidente?*

LOCATION OF ACCIDENT/UBICACION DEL ACCIDENTE  
Job site – Facility/Sitio De Trabajo : \_\_\_\_\_  
Name & Address/Nombre y Direccion \_\_\_\_\_

Local Supervisor to whom you report: \_\_\_\_\_  
*Supervisor Local al cual usted se reporta?*

Were there any witnesses?  Yes  No IF YES, who? \_\_\_\_\_  
*Hubo algun testigo? Si No Si asi fue, quien?*

What were you doing at the time of the accident? (Please describe events leading to injury/ illness. Name any object or substance involved and how it was involved.)  
*Que estaba haciendo cuando sucedio el accidente? (Por favor describa que propicio el accidente. Mencione cualquier objeto o substancia involucrada en el accidente y de que manera fue involucrada.)*

\_\_\_\_\_

Were you hurt?  Yes/Si  No  
*Fue usted lesionado?*

Injured worker must sign & return to employer's office.  
Employer returns to Benchmark Administrators, LLC.



**INJURED WORKER ACCIDENT STATEMENT  
DECLARACION DEL ACCIDENTE DEL EMPLEADO**

**Continued**

How did the accident occur? Please be specific. Name machine, tool, vehicle, substance, etc. in use at time of accident:

*Como sucedio el accidente? Por favor especifique. Mencione maquinaria, herramienta, vehiculo, substancia, etc. en uso en el momento del accidente:* \_\_\_\_\_

\_\_\_\_\_

Describe injury/illness:

*Describe lesion o enfermedad:* \_\_\_\_\_

\_\_\_\_\_

Did you seek medical attention?

Yes/Si

No

*Recibio atencion medica?*

If "YES," when did you seek medical attention?

*Si asi fue, cuando recibio atencion medica?* \_\_\_\_\_

Physician's name and address:

*Nombre y direccion del medico que lo atendio?* \_\_\_\_\_

\_\_\_\_\_

How can you avoid and accident in the future?

*Como puede usted evitar un accidente en el futuro?* \_\_\_\_\_

\_\_\_\_\_

How can the company help to avoid this type of accident?

*Como puede la compania ayudar a evitar este tipo de accidente?* \_\_\_\_\_

\_\_\_\_\_

I understand that falsification of this statement, or any misrepresented information contained in this statement, can result in disciplinary action. *Entiendo que falsificacion de esta declaracion o dar cualquier informacion erronea en esta declaracion puede resultar en accion disciplinaria.*

\_\_\_\_\_  
Signature/Firma

\_\_\_\_\_  
Date/Fecha