



# Accident / Injury Report

JAD Solutions, LLC  
 P O Box 5068  
 Bend, OR 97708  
 541-318-5968 Phone  
 866-318-5968 Toll Free  
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Employee Information			
Employee's Name		Employee's ID # (ssn)	Date of Birth
Street Address			
City		State	Zip Code
Home Phone ( )	Work Phone ( )	Name of your Employer	
Accident / Injury Information			
Is condition related to an accident or injury? <input type="checkbox"/> Yes— <i>complete rest of form</i> <input type="checkbox"/> No—Please explain below, sign, date & return form			
Accident / Injury Date:		Injured Person's Name: <input type="checkbox"/> Employee or <input type="checkbox"/> Covered Dependent	
Where did the accident / injury occur?			
Has this accident / injury been claimed under worker's compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did the accident / injury occur? Please describe what happened.			
Insurance Information			
Party responsible for accident / injury (please explain)			
Responsible Party's insurance company name (homeowners, auto, other)			
Was a police report prepared for this accident / injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a copy of the police report? <input type="checkbox"/> Yes(attach copy) <input type="checkbox"/> No	
Have you or do you plan to file any legal action against the responsible party? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Authorization for release of information			
<small>In order to process a claim for benefits, I authorized any physician, hospital or other medical provider to release to JAD Solutions, LLC. or its representative, any information regarding my medical history, symptoms, treatment, examination results, or diagnosis. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claims, but not to exceed one year from the date signed. I understand I have the right to receive a copy of this authorization. I also certify the statements made by me above are true and complete to the best of my knowledge.</small>			
Employee Signature		Phone Number ( )	Date