

**TRIDENT**  
**TRIDENT WORKFORCE INVESTMENT AREA**  
**WIA CUSTOMER INJURY REPORT**

**COVER MEMO**

**TO:** WIA Contracts Manager or Designee

**FROM:** \_\_\_\_\_  
Staff Name Printed

**DATE:** \_\_\_\_\_

**RE: ACCIDENT INJURY REPORT**

WIA Customer Name: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Place of Injury: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

How Injury  
Occurred: \_\_\_\_\_

\_\_\_\_\_  
Name(s) of those who eye witnessed the  
injury: \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Person Completing this Cover Memo

\_\_\_\_\_  
Signature of Person Completing this Cover Memo

\_\_\_\_\_  
Date