

OPERATING ENGINEERS LOCAL 139
HEALTH BENEFIT FUND

P.O. Box 160 • Pewaukee, WI 53072-0160

Phone: (262) 549-9190 Toll Free: (800) 242-7018 Fax (262) 549-3549

Accident or Injury Report Form

Name of Injured Person(s): _____ Date: _____

Name of Local 139 Member: _____ OEF Number: _____

Member's Email Address _____ Phone Number: _____

Date and time of the accident or injury: _____

Where did the accident or injury happen? _____

Explain how the accident or injury happened: _____

Were the police called to the scene? Yes No If yes, what town or city? _____

Did someone else cause all or part of the accident or injury? Yes No

If yes, Name and Address: _____

Name

Address

City

State

Zip

Name of the other person's insurance company if known: _____

Is accident or injury work related? Yes No Do you have a lawyer representing you? Yes No

If yes, Name and Address of Lawyer: _____

Name

Address

City

State

Zip

(Please Use Other Side if Needed)