



P.O. Box 1719; Clinton, OK 73601
580.323.2929

Worker's Compensation Reporting Form

Injured Employee Information

Name of Injured Employee:			
Complete address:			
City and State:			
Telephone number(s):			
Date of Birth:	Sex:	M	F (circle one)
Email Address:			

Specifics of Accident/Incident

Store location and/or number:			
Date of Accident or Injury:			
Time of Accident or Injury:			
Location of Accident (be specific -- i.e. back wall of walk-in cooler by the Pepsi)			
Time Work Day began:			
Date and Time Manager was Notified:			
Identify part of body involved in injury or illness (specify left or right):			
Is medical attention needed? Yes No (circle one)			
Name and Address of Treating Physician:			
Describe activities when injury occurred, with details of how the event occurred (also include pictures of visible injuries):			
Witness(es) or Person(s) on duty at the time of accident:			
Any additional comments. Please leave contact information. You will be contacted to make a statement to an adjuster, if medical treatment is necessary.			

Employee's signature Manager's signature Date

For claims information and form submission, please contact our home office:

Domino Food and Fuel, Inc.
Elmer Smith Oil Company
Attention: Human Resources
P. O. Box 1719
Clinton, OK 73601
(580) 331-3736
Fax: (580) 331-3779
hr@dominocstores.com