

# CEDARCREEKCHURCH

## Direct Report Investigation Report

Employer: CedarCreek Church

Employee Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**Please answer all questions completely.**

Was an investigation completed concerning the circumstances of this injury? ☐ Yes ☐ No

Were there any witnesses to this injury? If yes, witness statements should be attached. ☐ Yes ☐ No

Do you feel the incident could have occurred as described? ☐ Yes ☐ No

Was the employee under the influence of drugs, or purposely self-inflicted? ☐ Yes ☐ No ☐ Unsure  
If yes, please specify: \_\_\_\_\_

Has there been any recent disciplinary action taken against this employee? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

Has the employee missed any work previously due to similar industrial or non -industrial conditions? If so, when? ☐ Yes ☐ No  
\_\_\_\_\_

Has the employee submitted medical documentation for the injury? ☐ Yes ☐ No  
If so, please attach.

If known, please provide us with the name, address and telephone number of the attending physician: ☐ Unknown

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has the employee returned to work? ☐ Yes ☐ No

Last day worked \_\_\_\_\_ Returned to work \_\_\_\_\_

If not, what is the current estimated date of return? \_\_\_\_\_

With the information you have, would you recommend the claim be accepted? ☐ Yes ☐ No

If no, why? \_\_\_\_\_

Direct Report - Print Name & Sign \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Date

**CEDARCREEKCHURCH**  
29129 Lime City Rd  
Perrysburg, OH 43551  
419-661.8661