

**SAFETY & TRAINING OFFICER**

TEL. 601-857-4963

1140 Central Drive  
Raymond, MS 39154

FAX: 601-352-3164

**Hinds County  
On-the-Job Accident/Injury Report**

This form must be completed in full when a Hinds County Employee is injured on the job.

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

Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ AM / PM

Location: \_\_\_\_\_

Detailed Explanation of Incident (Include Bodily Injury): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Faxed to Safety Officer: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Was medical attention necessary at time of incident? Yes ( ) No ( )

Did employee take time off work? Yes ( ) No ( ) If yes, what time: \_\_\_\_\_.

**MISSISSIPPI WORKERS' COMPENSATION**

**NOTICE OF COVERAGE**

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and [select one] [has been approved by the Mississippi Workers' Compensation Commission to act as a self-insurer], or [maintains workers' compensation insurance coverage with the following:]

Mississippi Public Entity Workers' Compensation Trust

(Name of insurance carrier or self-insurance group)  
P.O. Box 22729 Jackson, MS 39225

601-605-8160

(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

MPE Workers' Compensation Services, Inc.

(Name of third party claims administrator or claims office)  
P.O. Box 22729 Jackson, MS 39225

601-605-8160

(address & phone number)

III. This workers' compensation coverage is effective for the following period:  
January 1, 2009 to January 1, 2010.

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

Henry King

(Name of employer contact person)

Safety Officer

(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.