OWCP CA-1 Work Injury Employee Statement

Name _____

Date of Injury ___/___/_____ Time of Injury ____:_____

Place of Injury _____

_____

_____

Date Reported to Supervisor ___/___/_____ Time Reported ____:_____

Name of Supervisor Reported to _____

Describe in Great Detail What and How the Injury Happened

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Keep a copy for your records. Attach a copy to your CA1 form. Get complete copies of all pages of the CA1. Take this statement and all copies of the CA1 form to your doctor.