

# Senior Service America, Inc.



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## Forest Service ACES Pilot Program Notice of Accidental Injury or Occupational Disease

**TO FS ACES ENROLLEE:** You must fill out this report immediately after you become aware of an accident, injury or occupational disease and its relationship to your assignment. Within 24 hours of the incident, fax a copy of this report to the **SSAI FS ACES Program** at 301-578-8895. You can also send the form by Email to your FOO

Enrollee Name: \_\_\_\_\_ (please print) Date of this report: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FS ACES Project Name: \_\_\_\_\_

Street \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Place where injury occurred: \_\_\_\_\_

Brief description of injury (attach additional sheets if necessary): \_\_\_\_\_

\_ This is to notify SSAI/FS ACES Program that while enrolled in the FS ACES Program, I sustained an:

Check one:  Injury  Occupational Disease

Caused by: \_\_\_\_\_

Treating physician's name, address and phone number: \_\_\_\_\_

The above information is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
*Signature of Enrollee*