

# ACCIDENT // INCIDENT // INJURY REPORT

**THIS IS NOT A WORKER'S COMPENSATION CLAIM FORM! IT DOES NOT REPLACE A NOTICE OF CLAIM OR PETITION FOR WORKER'S COMPENSATION BENEFITS!**

**SCHOOL DISTRICT:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**WHO:** PERSON INJURED / ILL: \_\_\_\_\_

CHECK ONE: [ ] EMPLOYEE [ ] CONTRACTOR

OCCUPATION: \_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_

WITNESSES or OTHER PEOPLE INVOLVE: \_\_\_\_\_

PLEASE IDENTIFY OTHERS by NAME and INVOLVEMENT, such as JOHN JONES, WITNESS; JANE JONES, OTHER DRIVER

**WHEN:** DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM  
PM

REPORTED to: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM  
NAME, TITLE, TELEPHONE NUMBER PM

LAST DAY WORKED: \_\_\_\_\_ DATE YOU EXPECT to RETURN to WORK: \_\_\_\_\_

**WHERE:** \_\_\_\_\_  
EXACT LOCATION

**WHAT:** Describe the circumstances, surroundings, events, and behaviors leading up to the accident/incident/injury. Use back of sheet, if necessary, to describe or draw a diagram to help explain.

Were you injured? [ ]Yes [ ]No Describe your injury, including all body parts affected, and specify Right Side or Left Side: \_\_\_\_\_

Describe any other results of the incident you think are important, including injury to others, property damage, etc. \_\_\_\_\_

**WHY:** Explain, as best you can, why it happened.

Explain, as best you can, why the causes were present: \_\_\_\_\_

**HOW** do you recommend that recurrence or similar incidents be prevented? \_\_\_\_\_

**EMPLOYEE COMMENT:** Anything else you think is important, or want the Claims Manager to know: \_\_\_\_\_

\*\*\*\*SIGN and DATE:\*\*\*\*

**EMPLOYEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DISTRICT CLAIMS MGR/ ADMIN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_