

# ACCIDENT / INCIDENT / INJURY REPORT

**NOTE: THIS IS NOT A WORKERS' 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 INVOLVED: \_\_\_\_\_

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

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

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

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 the 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 or Left Side: \_\_\_\_\_

WAS MEDICAL TREATMENT REQUIRED? YES/NO  
IF YES, WHO PROVIDED TREATMENT: \_\_\_\_\_

Describe any other details 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:** \_\_\_\_\_