


WISD **Accident Investigation FORMS**

How To Use These Important Tools

Includes:



*Forms may be
Copied as needed.*

Accident investigation forms/statements **should be filled out by the injured party, supervisor/principal and any witness** to the accident. Supervisors shall conduct the preliminary investigation as soon as possible. 

IMPORTANT – Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident insures that Woodville ISD has an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims, which can help defend against the claim.

After I have these forms completed – what do I do with them?

Please send the completed forms to the business office and keep a copy for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing.

What if the injured party is physically unable to fill out the Report of Injury?

Use common sense and good judgement. If the injury is severe – remember, the injured party's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the person is physically able to document the accident.

What if the injured party refuses to fill out or sign a Report of Injury?

Of course, you cannot make someone fill out the document. You can however stress the importance of getting "their" account of the accident to help prevent the injury from happening again. Also, still obtain the supervisor's report as well as any witness statements.

What if the injured party has retained an attorney – Can I still ask the injured party to fill out a Report of Injury?

Yes – as part of your company's accident management plan, you can still ask the injured party to fill out the report form.

WISD Accident Witness Statement

(To be completed by accident witness.)

Injured person's name: _____
Last First Middle

Name of witness: _____ Phone Number: _____
Last First Middle

Circle One: EMPLOYEE Length of employment _____ Job title _____ Supervisor _____

STUDENT Grade level _____ Principal _____

VISITOR

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

DATE OF ACCIDENT ____ / ____ / ____ TIME OF ACCIDENT: _____ am/pm

Location of accident: _____
Address/Name of building Area (classroom, bathroom, etc)

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained: (be specific about body part(s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

Phone number: (____) _____

Signature of witness: _____ Date: _____

WISD Nurses Injury Statement

(To be completed by nurse.)

Injured person's name: _____
Last First Middle

Name of nurse: _____
Last First Middle

DATE OF ACCIDENT ____ / ____ / ____ TIME OF ACCIDENT: _____ am/pm

Location of accident: _____
Address/Name of building Area (classroom, bathroom, etc)

Location of evaluation: _____
Address/Name of building Area (classroom, bathroom, etc)

Describe fully how accident occurred: *(including events that occurred immediately before the accident):*

Description and type of injury: *(be specific about body part(s) affected):* _____

MEDICAL ATTENTION:

- Taken to school nurse
- Returned to normal activity
- Taken home
By whom _____
- Taken to doctor/clinic
Name of doctor/clinic _____
- Taken to hospital
Name of hospital _____
- Ambulance called

Signature of nurse: _____ Date: _____

WISD Supervisor's Accident Investigation

(to be completed by the employee's supervisor or other responsible administrative official.)

Who was injured: _____ Employee: _____ Non Employee: _____
Last First Middle

DATE OF ACCIDENT _____ / _____ / _____ TIME OF ACCIDENT: _____ am/pm

Location where accident occurred: _____
Address/Name of building Area (classroom, bathroom, etc)

What was the injured person doing when injury/illness occurred?: _____

How did injury/illness occur? (be specific): _____

Part of body affected/injured?: _____

Nature and extent of injury/illness? (be specific i.e. pain, break, etc): _____

Supervisor's corrective action to ensure this type of accident does not recur: _____

Was injury promptly reported? Yes: _____ No: _____

Job title of injured (if applicable): _____

Is there modified duty available?: Yes: _____ No: _____

Name of supervisor: _____
Last First Middle

Phone Number: () _____

Signature of supervisor: _____ Date: _____