

STAPLES-MOTLEY
EMPLOYEE REPORT OF ACCIDENT

Employee's Name (Last, First, Middle) _____

Social Security No: _____ Date of Injury _____

Date of Birth: _____ Sex: _____ Male _____ Female

Marital Status: _____ Married _____ Not Married Phone: _____

Address (House No., Street, PO Box) _____

City, State, Zip _____

Employment Status: _____ Full Time _____ Part Time _____ Seasonal

Rate per hour: \$ _____ Hours per Day _____ Days per week _____

Overtime rate per hour \$ _____ Average hours per week _____

Average gross weekly wage \$ _____ Second Income \$ _____

Did claimed injury cause lost time from work? _____ Yes _____ No

First day of lost time _____

Did employee lose time from work on the day of injury? _____ Yes _____ No

Hours lost: _____

Employer: Staples-Motley School ISD #2170 Phone No.: 218-894-5400

Department: _____

Address: 202 Pleasant Ave. NE Staples MN 56479

Location where injury occurred _____

Was there a witness: _____ Yes _____ No If yes, whom? _____

Name, Address, Phone No. of treating doctor: _____

Supervisor who received notice: _____ Date: _____

Time of day the injury occurred _____ AM _____ PM

Describe the injury or occupational illness in detail: _____

Part of the body affected: _____
Name of object (machine, tool, etc.) or substance (chemical, etc.) involved _____

Nature of injury: (cut, sprain, burn, etc) _____
Type of accident (fall, hit, etc) _____
What action has been taken to prevent a reoccurrence? _____

If you have any other comments, YOUR OPINION MAY HELP PREVENT REPETITION

Date: _____ Signature _____

IMMEDIATELY, Print, Sign and SEND INJURY REPORT TO:

Staples-Motley ISD #2170
District Office, Human Resource Office