

**MARLETTE COMMUNITY SCHOOLS**

MARLETTE, MICHIGAN 48453  
989-635-7429

Revised 9/19/2008

**EMPLOYEE ACCIDENT REPORT**

EMPLOYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

**ACCIDENT INFORMATION**

DATE OF INJURY: \_\_\_\_\_ LAST DAY WORKED: \_\_\_\_\_ AM/PM

TIME REPORTED FOR WORK \_\_\_\_\_ AM/PM TIME OF INJURY \_\_\_\_\_  
AM/PM

PHYSICIAN VISIT (NAME/ADDRESS) \_\_\_\_\_

HOSPITAL VISIT (NAME/ADDRESS) \_\_\_\_\_

REPORT ONLY – PLEASE NOTIFY SUPERINTENDENT’S OFFICE IMMEDIATELY IF  
MEDICAL CARE IS REQUIRED

**ACCIDENT/INJURY/ILLNESS DESCRIPTION**

DESCRIBE THE INJURY/ILLNESS IN DETAIL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART OF BODY AFFECTED BY INJURY/ILLNESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE EVENTS THAT CAUSED INJURY/ILLNESS IN DETAIL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE SUBMITTED

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE

SEND ONE COPY TO THE SUPERINTENDENT’S OFFICE AND RETAIN ONE COPY AT BUILDING.  
**IMPORTANT:** ALL ACCIDENTS MUST BE REPORTED IMMEDIATELY TO SUPERVISOR