

**MATHEWS LOCAL SCHOOL DISTRICT
SUPERVISOR'S ACCIDENT/INJURY INVESTIGATION REPORT**

Employee Name: _____ **Soc. Sec. #** _____

Date of Injury: _____

Was an investigation completed concerning the circumstances of this injury? Yes No

Were there any witnesses to this injury? Yes No
If yes, witness statements should be attached.

Was the injury a result of horseplay? Under the influence of drugs, or
purposely self-inflicted? If yes, please specify: Yes No

Has there been any recent disciplinary action taken against this employee?
If yes, please describe (and attach any written documentation): Yes No

Has the employee missed any work previously due to similar industrial or
non-industrial conditions? If so, Yes No
When? _____

Has the employee submitted medical documentation for the injury?
If so, please attach. Yes No

If known, please provide us with the name, address and telephone number
of the attending physician:

Has the employee returned to work? Yes No
Last day worked _____ Returned to work _____

If not, what is the current estimated date of return? _____

With the information you have, would you recommend the claim be accepted? Yes No
If no, why not

Supervisor's Signature

Title

Date