

# ACCIDENT // INCIDENT // INJURY REPORT

**THIS IS NOT A WORKER'S COMPENSATION CLAIM FORM! IT DOES NOT REPLACE A NOTICE OF CLAIM OR PETITION FOR WORKER'S COMPENSATION BENEFITS!**

SCHOOL DISTRICT: SUNNYSIDE 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, WITNESS; JANE JONES, OTHER DRIVER

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

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

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 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 Side or Left Side:

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: \_\_\_\_\_