

Watauga County Schools Accident Report

(To be completed by employee or employee supervisor)

Date: _____

Completed By: _____

GENERAL INFORMATION

Employee Name: _____

Marital Status: Married, Single, Divorced, Widowed

Number of Dependents: _____

Home Telephone: _____

Cell Number: _____

Home School: _____

School that injury occurred: _____

Job Title: _____

Supervisor: _____

Date of Occurrence: _____

Time: ____:____ AM/PM

Time started work on date of occurrence: ____:____ AM/PM

Date of First Treatment: _____

Specific Location of Accident:

DESCRIPTION OF INJURY OR ILLNESS

Nature of Injury: _____ (Example: Fall, Puncture Wound, Laceration)

Body part (s) affected: _____

First Aid provided? Yes/No

By whom: _____

Type of first aid provided? _____

EMS called to scene? Yes/No

Physician/Hospital authorized by employer? FastMed Urgent Care/Watauga Medical Center/Other

Name of facility and/or physician where treatment took place: _____

DESCRIPTION OF INCIDENT

Where did the accident occur and who was involved? _____

What was happening at the time of the accident and why was it taking place? _____

What object and/or substance caused the injury and how did it happen? _____

Object approximate weight, size and shape? _____

What were the events leading up to the accident? _____

Was the injured person performing their assigned duties? If not, explain why? _____

Injured employee's description of incident? _____

Witnesses Names: _____

(Please provide witness statements on a separate sheet)

CORRECTIVE/PREVENTATIVE ACTION

What is recommended to prevent this type accident from occurring again? _____

Steps needed to prevent re-occurrence? _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____



WATAUGA COUNTY BOARD OF EDUCATION

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Worker's Compensation Fraud in North Carolina

Watauga County Schools strongly believes that the vast majority of employees will never submit a fraudulent worker's compensation claim. Nevertheless, workers compensation fraud exists in North Carolina and can have substantial cost for affected businesses. This letter explains some aspects and consequences of workers compensation fraud.

Please sign and return a copy of this letter to your (supervisor/human resources representative) and keep a copy for yourself. Contact your (supervisor/human resources supervisor) if you have any questions.

A person commits workers' compensation fraud when, in the course of reporting a claim to obtain benefits, he or she intentionally misrepresents a material fact to obtain a benefit to which the claimant is not otherwise entitled. A misrepresentation is material when it is relevant to whether benefits will be paid or the amount of benefits to be paid.

Some Examples of Worker's Compensation Fraud:

- Filing a worker's compensation claim for an injury that is known with certainty to be completely unrelated to employment.
- Lying about earnings received from employment other than the employment in which you were injured.
- Purposely misleading or exaggerating one's current medical condition to receive workers' compensation benefits.

Making false statements for the purpose of obtaining worker's compensation benefits may result in civil and criminal penalties for the individuals that make such statements. Watauga County Schools supports activities to detect and combat workers compensation fraud!

This letter is not intended to discourage the legitimate use of the workers compensation system. You should report any bodily injury that you believe is work-related to your supervisor at once.

I acknowledge receiving this information and understand the content of this memo.

Employee Signature

Date