

**BRIARCLIFF MANOR UFSD  
EMPLOYEE ACCIDENT/INCIDENT REPORT**

Please send completed form to Tracy Segelbacher in the District Office  
at [tsegelbacher@briarcliffschools.org](mailto:tsegelbacher@briarcliffschools.org)

Employee Name \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Detailed Description of incident, including events leading up to the incident and how the incident ended: \_\_\_\_\_

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

First Aid Rendered: (If none, indicate none) \_\_\_\_\_

Did Employee receive medical care at time of Accident?  Yes  No

Name and address of Doctor or Hospital:

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

Nature of injuries arising from the incident (include body part and state right or left): \_\_\_\_\_

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

What was employee doing at time of accident? Must Explain: \_\_\_\_\_

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

Name of Witnesses: \_\_\_\_\_

Was there time lost due to accident? \_\_\_\_\_

Nurse or Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Did this incident result in the actions of another individual (Y/N)?: \_\_\_\_\_

Name of Individual #1: \_\_\_\_\_ Job Title of Individual #1: \_\_\_\_\_

Name of Individual #2: \_\_\_\_\_ Job Title of Individual #2: \_\_\_\_\_

*\*If there are additional individuals involved, please write in their names and titles if applicable.*

Does this incident involved workplace violence (Y/N)?: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** *Employees who are victims of workplace violence can independently and voluntarily request that their name not be entered on the report.*