



# NEW JERUSALEM ELEMENTARY SCHOOL DISTRICT

31400 S. Koster Road, Tracy, CA 95304  
(209) 740-4699  
www.njesd.net



## STAFF ACCIDENT REPORT FORM

Verbal notification should be made immediately to the administration, but remember **THIS WRITTEN REPORT MUST BE SUBMITTED TO ADMINISTRATION ON THE DAY OF THE ACCIDENT/INJURY OR AS SOON AS POSSIBLE.**

Person Injured: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

Date of injury: \_\_\_\_\_ Exact time of injury: \_\_\_\_\_

Description of how and where accident/injury occurred:

Part of body injured/diagnosis: \_\_\_\_\_

Witness(es) to accident/injury: \_\_\_\_\_

Doctor name: **Dr. J. Patel**  
**644 West 12<sup>th</sup> Street**  
**Tracy, CA 95376**  
**(209) 832-8984, Fax (209) 832-8988**

Was professional medical care received? Yes                      No                      Date: \_\_\_\_\_

Comments:

Date this report received: \_\_\_\_\_ Report received by: \_\_\_\_\_