

Watauga County Schools Accident Investigation Report

(To be completed by Accident Investigation Team)

Injured Employee Data			
Employee Name		Job Title	Date
Home School/School that injury occurred			
Date of accident	Time of Accident ☐ a.m. ☐ p.m.	Specific Location of Accident	
Home Telephone	Work Telephone	Other/Cell Number	
Supervisor		Supervisor Telephone Number	
Accident Description			
Instructions: Obtain written and/or recorded statements from injured employee. What happened? What caused the accident? What were the contributing factors? Reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. This document becomes an official accounting of the facts surrounding the accident. When documenting the facts, include answers to the following questions:			
1. Where did the accident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.			
2. What was happening at the time of the accident and why was it taking place?			
3. What were the events leading up to the accident? Describe the sequence in order and when they took place.			
4. What exactly caused the injury and how did it happen? What were the mechanics, equipment, or tools involved?			

5. Describe the injury or injuries incurred. What body part and what kind of injury? (Indicate if no injury occurred.)

6. If a physical injury was avoided, what could have happened to cause an injury?

Accident Findings

After review of all facts, what was the hazardous condition, unsafe work practice, or other causal factors (procedure, equipment, people, and environment) that contributed to the accident / injury?

Corrective Action

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

Actions taken to ensure recommendations are considered:

Signature of Accident Investigator

Date

Time

☐ a.m.
☐ p.m.

Instructions for the Accident Investigation Form (Team)

Purpose of Form: Effective loss control efforts require documentation of accidents to determine hazards or problem areas, procedures, or systems and to perform trending. Through investigation is required to determine the facts surrounding events so that remedial action can be taken, if required. This form provides an outline of needed information.

Completed by: Site Administrator or designee (School Administrators, Directors and Managers should be involved in this process to complete the investigation).

Employee Data - Complete the top of the form with the identifying information and the date and time of the accident.

Accident Description - Sufficient action is necessary to ensure that all facts surrounding the accident are obtained so that effective loss control procedures can be established. The form is developed to capture this information and to help the accident investigator come to reasonable conclusions concerning the events.

1. Where did the accident happen and who was involved? Go to the scene. Provide a visual image of the location of the accident. The reader should be able to visualize the area and the surrounding environment. Include names of the people involved and interviewed.
2. What was happening at the time of the accident and why was it taking place? Document the sequence of events leading up to the accident. Include the activities surrounding the event and their purpose.
3. What exactly caused the injury and how did it happen? What were the mechanics that caused the injury or could have caused an injury? Were procedures followed? Are the procedures faulty? Was equipment in good working order? Were there environmental hazards?
4. Describe any injury incurred, body parts and kinds of injuries. Through interview with the affected employee, determine what kinds of injuries were sustained and what body parts were involved. If an injury was avoided, what could have caused an injury?

Investigation Results - After review of all facts, what was the hazardous condition, unsafe work practice or other cause of the accident/ injury?

Corrective Action --

1. What is recommended to help prevent this type of accident from occurring again? Provide short term and long term corrective actions that will prevent or eliminate the hazardous condition or unsafe work practices?
2. Who will be contacted concerning recommended action to ensure follow-up? Completion of this section ensures that the management staff involved knows that action has been taken to remedy the hazardous condition.

Accident Investigation Best Practices

I. Fact-Finding

1. Emphasis is placed on gathering facts; not to place blame, or determine the cause of accident.
2. Inspect the accident site before any changes occur.
3. Preserve essential and critical evidence.
4. Take photographs and/or make sketches of the accident scene.
5. Interview the injured employee and witnesses as soon as possible after an accident. Record pre-accident conditions, the accident sequence, and post-accident conditions.
6. Document the location of injured employee, witnesses, machinery, equipment, energy sources, and hazardous materials.
7. Ask *who, what, when, where, why, and how* during interviews.
8. Re-interview injured employee and witnesses to resolve conflicting accounts of the accident.
9. Remain completely objective during interviews and in documentation – no opinions, just the facts.
10. Keep complete and accurate notes.

II. Interviews

1. Get preliminary statements from victims and witnesses as soon as possible.
2. Explain the purpose of the investigation (accident prevention) and put each witness at ease.
3. Let each witness speak freely and take notes without distracting the witness.
4. Record the exact words used by the witness to describe each observation.
5. Be sure that the witness understands each question.
6. Identify the witness completely (name, occupation, years of experience, phone number).
7. Supply each witness with a copy of his or her statement (signed statements are desirable).

III. Accident Reconstruction

1. Develop a sequence of events from the information obtained from the victims and witnesses.
2. Identify hazardous conditions present during the accident.
3. Identify unsafe work practices present during the accident.

4. Identify system issues that caused or contributed to the accident.

IV. Investigation Reporting

1. Provide complete, thorough information about the accident (*who, what, where, when, why, and how* data).
2. Describe the accident. Document the sequence of events of the accident. Identify the extent of damage to the employee and/or property.
3. Identify hazardous conditions and/or unsafe work practices for each event of the accident.
4. Provide short-term and long-term corrective actions that prevent or eliminate the identified hazardous conditions or unsafe work practices.
5. Describe the corrective actions recommended and the persons who are accountable for each corrective action.

V. Corrective Actions

1. Recommend immediate corrective actions to eliminate or reduce hazardous conditions and/or unsafe work practices.



WATAUGA COUNTY BOARD OF EDUCATION

Margaret E. Gragg Education Center
175 Pioneer Trail Boone, NC 28607
(828) 264-7190

***All services must be performed at Mercy Urgent Care in Boone, NC or local Emergency Department, in case of emergency. Any services not performed at these locations will be the sole responsibility of the employee unless otherwise authorized.**

**To schedule an appointment with Mercy Urgent Care, please visit www.mercyurgentcare.org.*

Please perform the following services for: _____
Employee Name

Services to be performed:

_____ DOT Physical & Urinalysis
_____ DOT Physical, Urinalysis & Pre-Employment DOT Drug Screen
_____ WC Injury Treatment & Non-DOT Drug Screen
_____ WC Injury Treatment & DOT Post Accident Drug Screen (Bus Accidents Only)
_____ Fit for Duty
_____ Breath Alcohol Test
_____ Saliva Collection Drug Screen

Injury details:

***For questions regarding above services please contact:**

CHRISTY PARKER 828-264-7190

WC: JENNIFER HENDRIX 828-264-7190

JANET TANNER (DOT Physicals/Drug Screen)

828-434-8529

Authorized Representative

Date

For WCS Office Use Only:

Initial as applicable:	
	WCS Human Resources
	WCS Transportation
	WCS Athletics
	WCS Other

Effective: 01/01/2026

Updated: 02/13/2026