

# POTH ISD INCIDENT REPORT (EMPLOYEE)

**PRINT** all information on this form. This form is to be completed by the **INJURED EMPLOYEE**. This packet is **TIME SENSITIVE**. If possible this form should be completed the same day that the incident occurs, **NO LATER** than 24 hours after the incident.

Date of Report: \_\_\_\_\_

## PERSON INVOLVED

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## INCIDENT

Date of incident: \_\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am/pm Name of Supervisor: \_\_\_\_\_

Job at time of Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses (if any): \_\_\_\_\_ Specific Body Part Injured: \_\_\_\_\_

Detailed Description of Incident (In your OWN words): \_\_\_\_\_

Did you seek treatment from a clinic, hospital or doctor for this injury? \_\_\_Yes \_\_\_No When? \_\_\_\_\_

Name of treating physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Was there a vehicle involved? \_\_\_Yes \_\_\_No Was a police report created? (informational only) \_\_\_Yes \_\_\_No

Did you take pictures and/or gather other party information? \_\_\_Yes \_\_\_No

From the list below, please check all statements that apply to what happened.

- Our vehicle was involved or damaged.
- Someone else's vehicle was damaged.
- A passenger or pedestrian was injured.
- Someone was injured in a non-vehicle accident.
- Our building or property was damaged or we had property or money stolen.
- Someone else's property was damaged.
- We received a lawsuit, notice of potential dispute or other legal matter.
- We experienced a data or cybersecurity incident.

Did you send all collected information to a district administrator? \_\_\_Yes \_\_\_No

Name of Administrator: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date