WESTLAKE City Schools

24365 Hilliard Blvd.
Westlake, Ohio 44145
440.835.6319

STAFF ACCIDENT REPORT

Date: _____

Injured Employee Information

Name: _____ Address: _____ Phone: _____

Job Title: _____ Building: _____ Age/Sex: _____

SS No.: _____ Date of Injury: _____ Time of Injury _____

DOB: _____ Hired Date: _____ _____

Please describe in detail the accident, what part of the body was injured and place accident occurred.

_____

_____

_____

_____

_____

_____

Name of Witnesses

Did the injured employee seek medical treatment? ____ Yes ____ No If yes, please ask building secretary for a BWC packet to complete. Once completed please return to the Business Office.

Administration to Complete

Administrators Signature: _____ Date: _____

Comments: _____

_____

_____

Forward completed report to the Office of Business Affairs