

Incident Report

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When did you first realize you were injured? _____ . When did you first feel the
Date Time

pain? _____ Date Time Who at work, did you first tell about your injury? _____

_____ When did you tell them? _____ . When did you
Date Time

first tell your immediate supervisor of your injury? _____ . Name of your supervisor
Date Time

you reported your injury to : _____ . If injury was not reported

to your supervisor on the date you were injured, state the reason it was not reported: _____

Name(s) of person(s) who witnessed your injury: _____

List parts of your body injured: _____

Names & Addresses of Physician(s) who have treated you for this injury:

Name & Address of Hospital: _____

Have you lost time from work due to this injury? _____ If so, indicate the first day you missed from
Yes No work?

_____ If so, indicate the date you returned to work after this injury? _____

Additional Remarks: _____

* I certify that the answers given to the questions on both pages (2) of this Incident Report are correct and accurate to the best of my ability and recollection.

Employee Signature

Date

Injured Employee's Name: _____ Date of Injury: _____

Witness Statement

Your Name: _____ Age: _____

Your Address: _____

Phone Number: _____ Job Title: _____

How long have you worked for the district? _____

How long have you known the injured employee? _____

Did you see the injury occur? _____

How did the injury occur? (In your own words) _____

When were you first aware of the injury? Date: _____ Time: _____

Did the injured employee state when the injury occurred or did you learn of this injury by someone other than the injured employee? _____

When did the injured employee first say he/she felt pain? Date/Time: _____

In your opinion, could the injury have occurred other than as stated by the injured employee? Please explain: _____

To your knowledge, did the injured employee report the injury to his/her supervisor at the time of the injury? Please explain how you were aware of this: _____

If so, when? Date: _____ Time: _____

Supervisor's name to who injury was reported: _____

Do you know of any other witnesses to this injury? _____

If yes, please list their names: _____

What part(s) of the body did the injured employee state was injured? _____

Please provide any information you feel should be considered in evaluating this claim: _____

- By signing this witness statement, I find the information I have provided is true and accurate to the best of my knowledge.

Witness's Signature: _____ Date: _____