

HUTCHINSON PUBLIC SCHOOLS  
Report by Injured Employee

Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Social security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Date/time accident reported to supervisor: \_\_\_\_\_

What happened (provide a brief description about the accident):

Why did it happen (can you determine the cause of the accident):

What needs to be done (outline steps to prevent the accident from reoccurring):

What physical problems are the result of this accident:

Was the activity engaged in when the accident occurred a part of your normal responsibilities:    Yes    No

Did the injury occur in an area where you normally work:    Yes    No

Did you go to the hospital/clinic:    Yes    No    If yes, name of treating doctor: \_\_\_\_\_

Names of eyewitnesses:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_