

HUTCHINSON PUBLIC SCHOOLS
Supervisor's Accident Investigation Report

Name of injured person: _____ Job title: _____

Supervisor: _____ Age: _____ Employment status: Full-time Part-time Volunteer

Start/End of work day: _____ Time of accident: _____ Date/Time reported: _____

Type of injury: _____ Body part affected: _____

Exact location of accident: _____

Specific activity when accident occurred: _____

Was this activity a part of a regular job function: Yes No Was machinery involved: Yes No

To respond to the following questions it will be necessary to interview the injured person and any eyewitnesses and perhaps review the accident site.

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 are the names and phone numbers of any eyewitnesses:

Was employee taken to the hospital/clinic: Yes No If so, by whom: _____

Report by injured employee attached: Yes No Reports by eyewitnesses attached: Yes No

Signature: _____ Date: _____

..... HR USE ONLY

Claim number: _____ Fax number: _____

Adjustor: _____ Phone number: _____ Ext: _____

Other Workman's Compensation claims:

Restrictions for returning to work:

HR Director Signature: _____ Date received in office: _____