

Hortonville Area School District
EMPLOYEE ACCIDENT REPORT FORM
To be completed and signed by employee and person receiving report

GENERAL INFORMATION

Employee Name _____ Phone Number _____

Address _____

Social Security # _____ Date of Birth _____ Employment Date _____

Job Title _____ Department _____ Sex (M/F) _____

ACCIDENT INFORMATION

Date of Accident _____ Time of Accident _____ Where Did Accident Happen _____

Detailed Description of What Happened _____

Specifically What You Were Doing, (in detail) _____

Describe Precisely the Pain You Felt (sharp, dull), and Noise Heard (snap, pop, pull, sharp, from waist to knee, etc.)

Specific Location of Pain (low back, right knee, etc.) _____

Nature of Injury (bruise, twist, cut, scratch broke skin?, etc.) _____

Did Accident Involve an Unsafe Act? Describe _____

Did Accident Involve an Unsafe Condition? Describe _____

How Could Accident Have Been Prevented? _____

Medical Treatment? Name of Dr, Hospital, etc. _____

Did Accident Involve a District Policy? Describe _____

Names of Witnesses _____

Employee Signature _____ Name Printed _____

Date Reported _____ Date Received _____ Received By _____