

# Workers' Compensation/Accident Investigation Report

Employee Name: \_\_\_\_\_

School \_\_\_\_\_ Date of Accident \_\_\_\_\_

Date injury reported to Supervisor \_\_\_\_\_

Accident Description

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Injuries \_\_\_\_\_

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Witnesses \_\_\_\_\_

Medical Treatment \_\_\_\_\_

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Was injured worker referred by employer or did they go on their own?

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Post-accident drug/alcohol screening performed \_\_\_\_\_

Results? \_\_\_\_\_

Do you have a post-accident screen policy?

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Return to work date \_\_\_\_\_

1<sup>st</sup> day of lost time, lost time days to date \_\_\_\_\_

Full or modified duty \_\_\_\_\_

Modified duty available? \_\_\_\_\_ rate of pay \_\_\_\_\_

What type of employee are they? \_\_\_\_\_

Any reprimands? \_\_\_\_\_

Is the injured party a subcontractor? \_\_\_\_\_

Knowledge or any prior injuries or conditions

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**Anyone or anything else responsible for the accident?**

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**Who owns the property where the accident occurred?**

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**Concerns about the accident/injury**

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**Notes**

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