

Middlebury Community Schools

Employee Accident Report

1. Social Security No. _____ 2. Date of Birth _____ 3. Sex: M or F (circle one)
4. Name _____ 5. Marital Status (circle one) Single Married Seperated
6. Mailing Address _____ City, State, ZIP _____
7. Home Phone () _____ 8. Number of Dependents _____
9. Date of Injury: _____ 10. Time of Injury _____ AM PM
11. Severity of Injury: _____ Nondisabling _____ Disabling Date of Death: _____

12: Nature of Injury:

_____ Abrasion	_____ Concussion	_____ Poisoning
_____ Amputation	_____ Dislocation	_____ Puncture
_____ Asphyxiation	_____ Elect. Shock	_____ Sprain
_____ Bruise/Contusion	_____ Fracture	Other: _____
_____ Burn	_____ Laceration	_____

13. Part of Body Injured:

Abdomen	Eye	R or L	Knee	R or L	
Ankle	R or L	Face	Leg	R or L	
Arm	R or L	Finger (next line)	Nose		
Back		R or L _____	Toe (next line)		
Chest		Foot	R or L	R or L _____	
Ear	R or L	Hand	R or L	Tooth	
Elbow	R or L	Head		Wrist	R or L
Other:	_____				

14. Incident Location:

_____ Ad Center	_____ JES	_____ MES	_____ YES
_____ OVES	_____ HIS	_____ NMS	_____ NHS

Other: _____

15. Description of Accident: How did the accident happen? What were you doing at the time of the accident? Specify any tool, machine, equipment or other materials involve! What item specifically injured you?

16. List the names of anyone who assisted you during or after the accident:

Name: _____
Occupation: _____
Name: _____
Occupation: _____

17. **IF** you were seen by a Doctor/Hospital please list their name and address below:

Doctor/Hospital Name: _____
Address: _____
Occupation: _____

18. Who witnessed the accident: (list name(s) on the back of this form)

19. Employee Signature: _____ Date: _____

20. Principal/Supervisor Signature: _____ Date: _____

Office Use: Start Date _____ Rate of Pay _____

Witness #1

Name: _____

Phone Number: _____

Comments: _____

Witness #2:

Name: _____

Phone Number: _____

Comments: _____

Witness #3:

Name: _____

Phone Number: _____

Comments: _____
