# DISTRICT ACCIDENT/INCIDENT REPORT

**DISTRICT NAME:** _____

☐ **ACCIDENT INVESTIGATION REPORT** ☐ **EMPLOYEE INCIDENT REPORT**

Site Location:_____ Date & Time of Injury/Incident_____

Hours Worked (normal workday):_____ Start: _____ End:_____

Employee's Department_____ Date Reported_____

| | | |
|---|---|---|
| Employee's Name | Social Security Number<br>Date of Birth | |
| Home Address *(PO Box or Street #, city, state/zip)* | Home Phone Number | Sex:☐ Male ☐ Female<br>Occupation: |
| Any Witnesses? ☐ Yes ☐ No If yes, give names below: | | |
| Task being performed when accident/injury occurred: | | |
| Describe the accident/incident and body parts affected: | | |
| Have you injured this part of your body before? ☐ Yes ☐ No If yes, explain below: | | |

Do you require medical attention now? ☐ Yes ☐ No

*If yes, your Supervisor will notify your district office to secure a referral slip to a SIG Medical Network Provider. If medical aid is not required at this time, your Supervisor will retain a copy of the incident report and forward a copy to the district office.*

**If medical attention is not needed for this incident now** but is necessary at a later date, you understand that you **MUST** contact your site supervisor and the District Office Claims Coordinator **PRIOR TO** seeking or obtaining treatment.

Failure to report occupational injuries in a timely manner and/or failure to comply with the District's policies for medical treatment of occupational injuries could result in disciplinary action. It may also result in a delay of any possible Workers' Compensation benefits while the District and the insurance carrier investigate your claim.

| | |
|---|---|
| Employee Signature: | Date |
| Supervisor Signature | Date |

Supervisor: What preventative action should have been taken by the employee or others to avoid this type of accident? (Include recommendations from the employee.)

What actions have been taken on these recommendations? (Include dates)

Note: Any person who makes or causes to be made, any knowingly false or fraudulent material representation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a felony.



**Send original to Personnel Services, District Office. Keep a copy at site.**
***If condition presents a safety hazard*, send a copy & work order to Maintenance for repair.**