

**STATE OF ALABAMA DEPARTMENT OF EDUCATION
LOCAL SCHOOL SYSTEM
ACCIDENT REPORT**

SCHOOL DISTRICT _____ SCHOOL _____

Name of Injured Party: _____ Social Security No.: _____

Home Address: _____

Home Phone No.: _____ Employee's Date of Birth: _____

Job Title/Job Classification: _____ County of Employment: _____

Date of Injury/Accident: _____ Time of Injury/Accident: AM: _____ PM: _____

Supervisor Notified: _____ Date Supervisor Notified: _____

A. Was accident/injury the result of an automobile accident? _____ Yes _____ No
If yes, obtain a copy of police report of accident and submit to supervisor as soon as possible.

If you answer no to the above question, indicate the exact location where injury/accident occurred below:

B. Describe fully the specific activity you were performing at the time the event occurred and what happened to cause the injury/accident. Indicate the body part(s) affected: **More space is provided on back of document.**

C. Were there any witnesses? If so, give names, addresses and phone numbers. **More space is provided on back of document.**

Name:

Address:

Phone #:

D. At the time of the injury, were you using any protective equipment (ex. gloves, head, eye, arm, hand protection, etc.)?
_____ Yes _____ No

E. Have you had a previous injury or treatment for similar injury or condition to the same body part?
_____ Yes _____ No

If yes, enter dates of injuries and name(s) and address of treatment provider(s). **More space is provided on back of document.**

F. At any time, were you pre-warned or aware of hazardous location (ex. Caution, wet floor, do not enter signs, etc.)? Yes _____ No _____ By Whom? _____

I understand the reporting of false information may disqualify me from receiving benefits and or compensation. I certify the above information is correct to the best of my knowledge.

Signature of Claimant: _____ Date: _____

Signature of Supervisor reporting accident: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of Chief Financial Officer: _____ Date: _____

Signature of Superintendent: _____ Date: _____

B. Continued: Description of specific activity at the time of accident

C. Continued: Extra Witnesses

| <u>Name:</u> | <u>Address:</u> | <u>Phone #:</u> |
|--------------|-----------------|-----------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

E. Continued:

| <u>Date of previous injury/condition</u> | <u>Treatment Provider(s)</u> |
|--|------------------------------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |