

**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

Name:

Address:

Phone#:

<u>Name:</u>	<u>Address:</u>	<u>Phone#:</u>
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E. Continued:

Date of previous injury/condition

Treatment Provider(s)

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