

# **RITTMAN E.V.S.D. ACCIDENT INVESTIGATION REPORT**

Revised Sept. 2007

Employee Injury (Complete All Sections)    or    Student Injury (If Student Only Complete Applicable Sections)

Injured Individual's Name \_\_\_\_\_ Job Title or Student Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Address \_\_\_\_\_

Date of Hire \_\_\_\_\_ City / State \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Zip Code \_\_\_\_\_

Accident Location \_\_\_\_\_

Injury Date \_\_\_\_\_ Time \_\_\_\_\_ AM-PM    Date Reported \_\_\_\_\_    Last Day Worked \_\_\_\_\_

Doctor / Hospital Information    Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Did employee return to work?    Yes    No    N/A    If yes, date returned \_\_\_\_\_

Describe injury or alleged injury including specific location on body \_\_\_\_\_

Description of how accident occurred \_\_\_\_\_

Witnesses Names and Titles \_\_\_\_\_

Did equipment malfunction?    Yes    No    If yes, describe on reverse side.

Describe damage to equipment or property \_\_\_\_\_

What caused the accident? \_\_\_\_\_

Continue on Reverse Side

What action has been or will be taken to prevent recurrence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the Gates McDonald Healthplus Inc. injury line called?      Yes      No      If Yes, Date \_\_\_\_\_

For students, was parent or guardian notified?      Yes      No      By whom \_\_\_\_\_

If parent could not be reached was a note sent?      Yes      No      By whom \_\_\_\_\_

Signature of Supervisor and Title \_\_\_\_\_

Date \_\_\_\_\_



◆ Route to Carol Telford      Date Received \_\_\_\_\_

Review by Superintendent including recommendations or orders \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and Date \_\_\_\_\_

Notes and Review by Treasurer for Workers Compensation Processing (if related to employee injury)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and Date \_\_\_\_\_

