Accident Investigation Report

This report must be completed and sent to the Risk Management Department at the Education Center within **48 hours** after the accident.

EMPLOYEE'S PERSONAL INFORMATION				
FULL NAME:		DATE OF BIRTH:	AGE:	GENDER: F ☐ M ☐
HOME ADDRESS:		EMPLOYEE ID#:		
CITY, STATE, ZIP CODE:		BUILDING (where injury occurred):		
TELEPHONE #:				
OCCUPATION:				
SUPERVISORS NAME:				

INCIDENT INFORMATION			
DATE OF INJURY:	TIME OF INJURY:	DATE REPORTED:	TIME REPORTED:
LOCATION IN THE BUILDING WHERE ACCIDENT OCCURRED (E.X. GYM, HALLWAY, OUTSIDE, ETC.):			
DESCRIBE HOW ACCIDENT HAPPENED:			
DESCRIBE EXTENT OF INJURY; INDICATE BODY PART(S) INVOLVED:			
WAS WEATHER A FACTOR IN THIS ACCIDENT?	YES ☐ NO☐		
WERE THERE ANY WITNESSES?	YES ☐ NO☐	IF YES, MUST COMPLETE 'REPORT BY EYEWITNESS' FORM	
WERE YOU WORKING AT YOUR REGULAR JOB AT THE TIME OF THE INJURY?	YES ☐ NO☐		
IF NO, EXPLAIN WHY:			
DID EMPLOYEE RECEIVE MEDICAL CARE?	YES ☐ NO☐	IF YES, NAME OF CLINIC:	
IF A STUDENT INITIATED INJURY, HAS THERE BEEN ACTION TAKEN BY SUPERVISOR TO PREVENT A REOCCURRENCE? IF SO, DESCRIBE ACTION TAKEN:		STUDENT ID#	
WAS EMPLOYEE WEARING/USING REQUIRED SAFETY EQUIPMENT?	YES ☐ NO☐		
HOW COULD THIS ACCIDENT HAVE BEEN PREVENTED?			
ADDITIONAL COMMENTS:			

Note: Your claim may be investigated for Workers Compensation fraud under (K.S.A.) 44-5, 120. Workers Compensation fraud includes falsifying or exaggerating injuries, making a claim for injuries that occurred outside of work, working while collecting benefits, and making a claim for pre-existing injuries. These types of claims are punishable by Kansas Law.

Employee Signature: _____

Date: _____

Eyewitness Statement

This report must be completed by the **eyewitness**. Read questions carefully and make your answers complete and accurate.

EYEWITNESS' PERSONAL INFORMATION	
EYEWITNESS' FULL NAME:	
HOME ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE #:	

INCIDENT INFORMATION	
NAME OF PERSON INJURED:	
DATE OF INJURY:	TIME OF INJURY:
IN YOUR OWN WORDS, DESCRIBE WHAT HAPPENED:	
DID ANYONE ELSE SEE THE ACCIDENT?	YES☐ NO☐
IF YES, PLEASE LIST THEIR NAMES:	
ADDITIONAL COMMENTS:	

Signature: _____

Date: _____