

WAPPINGERS CENTRAL SCHOOL DISTRICT

Supervisor's Investigation & Report of Incident

Name of Injured (Last, First, M.I.):	Social Security #:	Date of Birth:	Sex: M / F
Injured's Mailing Address:	City/State/Zip:	Home Phone #:	
Work Location:		Job Title:	

WHEN:	Date & Time of Incident: / / : AM / PM
	Date Reported to Supervisor: / /
	If Delayed, Why?:

DESCRIPTION OF INCIDENT:	Detail what employee was doing and/or what physical objects and/or materials were involved: _____ _____
	Was employee doing something other than required duties?: YES / NO If yes, explain: _____ _____

WHAT:	State body parts that were injured: _____
	Was treatment beyond first aid required?: YES / NO If yes, explain:
	Fatality?: YES / NO Lost Time?: YES / NO

WHERE:	Exact location of where incident occurred: _____
	Was ambulance transport necessary?: YES / NO
	To which facility:

WITNESSES:	(Last Name, First Name / Title / Telephone #): _____

WHY:	Comment on the causes of the incident: _____ _____ _____ _____
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Is there reason to believe that this claim should be investigated?:	YES / NO
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SUPERVISOR/MANAGER:	
Print Name:	_____
Title:	_____ Phone #: _____
Signature:	_____ Date: _____