



# ACCIDENT / INJURY REPORT BY EMPLOYEE

Riverview Community School District  
13425 Colvin  
Riverview, Michigan 48193

Location of occurrence: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Describe sequence of events leading to and resulting in the injury/illness. Include employee actions and equipment involved. Be specific.

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

Describe type of injury in detail (i.e. sprain, break, strain, laceration, etc) and part of body injured (i.e. right arm, head, left leg, etc).

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

Did you require medical attention? \_\_\_\_\_  
YES or NO

Did you go to the District designated Occupational Health Clinic? \_\_\_\_\_  
YES or NO

If no, did you go to your own personal physician? \_\_\_\_\_  
YES or NO

What is that physician's name and address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date report completed

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

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COPY TO SUPERVISOR, RETAIN COPY FOR YOUR RECORDS\*\*\***