

**Accident/Incident Report
(Applicable for Employees, Students, Visitors)**

Instructions for Report completion:

Complete the form in its entirety within 24 hours of the accident/incident occurrence and send to Grace W. Spangler at the district office. Phone: 549-5715 ext. 244. Fax 549-5763. PLEASE PRINT ALL INFORMATION.

IMPORTANT: All school district employees must sign the form, and also obtain their supervisor's signature on the report form. Forward the original of the completed form to Grace W. Spangler at the district office.
Fax 549-5763

Affected Individual's Relationship to Colleton County School District (Check one):

- Employee Student Visitor Volunteer

Individual Identification

1. Date/Time of Accident/Incident _____
2. Full Name _____
3. Street Address _____
4. City/State/Zip Code _____
5. Home Phone Number _____
6. Work Phone Number _____
7. Social Security Number _____
8. Birth date _____

District Employees Only:

Department _____ Extension _____
Supervisor _____ Extension _____
Supervisor Signature _____

Accident/Incident Information

9. Location (Indoors – provide building/room # or area such as stairs, hallway etc....
Outdoors – describe area)_____

10. Was person performing regular job duties at the time of the accident/incident?
 Yes No

11. Did injury occur? Yes No

12. Did loss of property occur? Yes No

13. Please describe details of accident/incident:

14. What, if anything, could have been done to prevent this accident/incident?

15. If property damage occurred, please describe the loss as best as possible:

16. Were there any witnesses? Yes No

17. Name, address and phone number of witnesses (if applicable):

18. If injury occurred, please indicate the portion of the body that was injured:

- Left Right
- Hand Finger(s) Arm Elbow Wrist
- Shoulder Neck Face Teeth Eye(s)
- Foot Toe(s) Leg Knee Ankle
- Head Ear(s) Nose Throat Lungs
- Abdomen Groin Lwr Back Mid Back Upr Back

19. Type of injury (cut, sprain, exposure, bruise, burn, etc.)

20. Did the accident/incident involve a slip, trip, or fall? Yes No

21. Did the accident/incident involve lifting? Yes No

22. If lifting was involved, please indicate approximate weight of material being lifted, and how high it was lifted? _____

23. Is this type of work performed on a regular basis? Yes No

24. If injury occurred, did it appear immediately? Yes No

Information Regarding Medical Treatment/Missed Work Time

25. Were you treated by a physician? Yes No

If yes, Physician Name _____ Phone: _____

Date(s) of Treatment _____

26. Did you go to a hospital? Yes No

If yes, Hospital Name _____ Date _____
Hospital Phone _____

DISTRICT EMPLOYEES: For medical attention, please contact Grace Spangler (549-5715 ext. 244 or pager 1-800-243-1712) immediately. An appointment will be scheduled and she will meet you at Walterboro Family Practice during regular work hours for non-emergency matters. For emergency care, contact Grace as above and you will be instructed to seek medical attention at Colleton Medical Center.

27. Did you miss work? Yes No

DISTRICT EMPLOYEES: Please call Grace W. Spangler 549-5715 ext. 244 for assistance.

28. If injury occurred, is the injury an aggravation of an old injury? Yes No

Signature/Authorization

I certify that the information set forth above is true and correct to the best of my knowledge. By signing this form, I authorize any person(s) who did or who may hereafter provide medical attention, examination, or treatment, or who may possess information or knowledge which may be used to render a decision in my claim for injury/disease of _____(date), to disclose such information or knowledge to my employer and/or to any other agency contracted by my employer to investigate this health claim.

Employee Name (Print)

Employee Signature (Sign)

Date _____