

HAMPSHIRE COUNTY SCHOOLS  
UNUSUAL INCIDENT OR ACCIDENT REPORT FORM FOR EMPLOYEES

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

1. Date of accident: \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Time (Be as exact as is possible): \_\_\_\_\_

4. Incident (Describe in detail): \_\_\_\_\_

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

5. Medical action taken (Describe in detail action(s) taken by you or your supervisor):

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

6. Background information (Describe in detail any background information that would concern the incident):

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

7. Insurance coverage (Indicate insurance coverage, if this information is available):

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

Report submitted by: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Addendum:

1. The Finance Office must be notified immediately by telephone.  
The Finance Office needs this information in order to file Worker's Compensation.
2. The above report is to be completed and forwarded to the Finance Office at the end of school on the same day of occurrence of incident.
3. Additional information needed to properly complete the Worker's Compensation forms:

Marital Status - Indicate:  Married  Single  Divorced  Separated

Time employee began work on the day of the injury: \_\_\_\_\_

Date and time employee returned to work: \_\_\_\_\_

Did employee seek medical attention?  If yes, where?

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(Include doctor's name and number)