

**HAMPSHIRE COUNTY BOARD OF EDUCATION  
UNUSUAL INCIDENT OR ACCIDENT REPORT FORM FOR EMPLOYEES**

The Finance Office **MUST** be notified **IMMEDIATELY** by telephone and/or EMAIL -- this form **MUST** be completed and emailed to [AWHeavener@K12.wv.us](mailto:AWHeavener@K12.wv.us) **AND** [DHott@K12.wv.us](mailto:DHott@K12.wv.us) on the **SAME DAY** of the incident (We only have **24 HOURS** to report these claims!!)

<b>WHEN</b>	Date of Incident	Time of Incident
	Was Incident reported immediately to supervisor?	If not, please explain:

<b>WHO</b>	Employee Name	Job Title
	Primary Work Location	Date of Birth
	Address	Phone Number
	Marital Status	Gender
	Names of Witnesses	Time began work on date of incident

<b>INJURY</b>	Describe how the incident occurred (specifically the cause, what you were doing, and equipment/objects involved)	
	Nature / Extent of injuries (include body part injured, the injury and state L or R if applicable):	
	Exact location where the incident occurred:	
	Was first aid Administered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please explain	
	Did you /will you see a doctor about your injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Doctor's Name	Doctor's Phone Number
	Did employee leave work	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, date and time returned to work:		

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<b>CAUSES</b>	Direct Cause of Injury (explain event that directly caused incident)	Was a third party involved?
		Was equipment involved in or cause the incident?

<b>SUGGESTIONS</b>	What could have been done to prevent this injury?
	Any additional comments

<b>SIGNATURES</b>	Employee Signature	Date
	Supervisor's Signature	Date
	Nurse Signature (if first aid administered)	Date
	Witness Signature(s) (if available at time of submitting)	Date

<b>OFFICE USE ONLY</b>	DATE OF HIRE	DAILY RATE OF PAY
	SS NUMBER	POLICY NUMBER
	ADDITIONAL COMMENTS	HOURS WORKED PER WEEK