

**MATHEWS LOCAL SCHOOL DISTRICT**  
**Employee's Accident/Injury Report**

Date \_\_\_\_\_

Employee Name \_\_\_\_\_ SS No. \_\_\_\_\_

Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Dependents \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Home Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City, State, and Zip \_\_\_\_\_ County \_\_\_\_\_

Date and Time of Accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Date and Time Reported \_\_\_\_/\_\_\_\_/\_\_\_\_

Person Reported To \_\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Returned \_\_\_\_/\_\_\_\_/\_\_\_\_

Accident Location \_\_\_\_\_ Was accident on Mathews premises? Yes \_\_\_\_ No \_\_\_\_

Witness Name \_\_\_\_\_

Witness Address \_\_\_\_\_

Attending Physician Name \_\_\_\_\_

Attending Physician Address \_\_\_\_\_

Describe Accident in Detail \_\_\_\_\_

\_\_\_\_\_

Give Exact Nature of Injury \_\_\_\_\_

\_\_\_\_\_

Have you filed a previous claim on this injury? \_\_\_\_\_

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Principal/Supervisor is responsible for faxing this form to CareWorks (1-888-711-9284). The accident/injury should be reported by the end of the workday.**

**THIS FORM MUST BE COMPLETED AND FORWARDED TO THE BOARD OFFICE WITHIN 24 HOURS OF THE ACCIDENT OR INJURY.**

*[Office Use Only]*

Reported By Name \_\_\_\_\_ Title \_\_\_\_\_

Signed: \_\_\_\_\_  
Superintendent Treasurer