

The Center for Educational Innovation

28 West 44th Street, Suite 300
New York, New York 10036
1-212-302-8800

(Public Schools are Everybody's Business)

ACCIDENT REPORT

Date of report: _____ No. _____

Report filled out by: _____ [name]

_____ [address]

The following worker reports an injury sustained in the work-related accident described below.

1. **Worker's name:** _____

2. **Worker's address:** _____

3. **City:** _____ **State:** _____ **Zip:** _____

4. **Date of injury:** _____ **Time of injury:** _____

5. **Address/place of accident:** _____

6. **Description of injury/body part affected:** _____

7. **Doctor visit:** _____ (Y/N) **Date:** _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Employee's Signature

Supervisor's Signature

Principal's Signature (if applicable)