

**ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT  
SUPERVISOR'S REPORT OF EMPLOYEE INJURY**

Name of Injured: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  AM  PM

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_  AM  PM

Exact Location of Incident \_\_\_\_\_

Part of body affected: \_\_\_\_\_ Did he/she see a physician? \_\_\_\_\_

Did injured leave work? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Did injured return to work? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

What was employee doing at the time of injury? \_\_\_\_\_

**ACCIDENT INVESTIGATION**

Who investigated accident?

Completely describe location of incident including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident:

Describe demeanor of person involved and include statements made as Excited Utterances:

Describe how accident occurred:

Describe shoes, physical appearance or any other characteristic that would contribute to understanding how the accident occurred:

Name(s) of witnesses:

If another person was responsible for injury, list name(s):

Is there a safety problem that caused accident?

What steps have been taken to prevent similar accidents?

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date/Time form completed

\_\_\_\_\_  
Print Investigator's Name

Supervisor's Signature: \_\_\_\_\_

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

**COPY OF SUPERVISOR'S REPORT SHOULD BE ATTACHED TO EACH EMPLOYEE'S REPORT  
PLEASE SEND TO THE RISK MANAGEMENT OFFICE AT THE DISTRICT OFFICE**