

Mineral Wells Independent School District
Accident Investigation Report
Workers' Compensation

1. Name of injured: _____ Job Title: _____

2. Injury Date: _____ Time: _____ Medical attention: Yes _____ No _____

3. Medical attention location: _____

4. Accident Location: _____

5. Type of Injury: (Include parts of body and signs/symptoms) _____

6. What was the injured doing at the time of the accident? _____

Equipment, tool, material in use: _____

7. Accident description: _____

8. Findings of the investigation: _____

9. Witnesses: _____

10. Witnesses' description of the events leading to the accident: _____

11. Object of substance that directly caused the injury: _____

12. Unsafe act(s), factor(s) or condition(s) that caused the accident _____

Employee Signature

Date

Supervisor Signature

Date