

San Diego County Office of Education  
Workers' Compensation JPA  
SUPERVISOR'S REPORT OF ACCIDENT

Date of Hire \_\_\_\_\_

Type or use ball point pen and PRINT, PRESS HARD.

Retain goldenrod copy for your file.

NAME OF INJURED _____ HOME ADDRESS _____	
DATE OF BIRTH _____ HOME TELEPHONE NO. _____	SOCIAL SECURITY NO. _____ SEX: M F
DISTRICT _____	JOB TITLE _____ FULL TIME PART TIME
DATE OF INJURY OR ILLNESS _____	TIME OF DAY _____ a.m. _____ p.m.
WAS EMPLOYEE UNABLE TO WORK? Yes, date last worked _____ No _____	
HAS EMPLOYEE RETURNED TO WORK? Yes, date returned _____ No, still off work _____ DID EMPLOYEE DIE? Yes, date _____ No _____	
DOES EMPLOYEE HAVE ANOTHER JOB? Yes No IF YES, WHAT IS THE NAME OF THE EMPLOYER? _____	

INJURY LOCATION	PART OF BODY INJURED	NATURE OF INJURY	CAUSE OF INJURY																																																																																		
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**DESCRIPTION OF THE ACCIDENT**

HOW DID ACCIDENT HAPPEN? WHAT SPECIFIC ACTIVITY WAS EMPLOYEE PERFORMING AT TIME OF INJURY? WHERE WAS EMPLOYEE?  
SPECIFY MACHINE OR EQUIPMENT INVOLVED. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WAS EMPLOYEE INSTRUCTED TO PREVENT ACCIDENT FROM RECURRING? _____ _____ _____	WAS SAFETY DEVICE PROVIDED? _____ IF YES, WAS IT IN USE AT TIME? _____ NAMES, ADDRESSES AND TELEPHONE NUMBERS OF WITNESSES: _____ _____ _____
WAS THERE A VIOLATION OF APPROVED SAFETY PRACTICES/STANDARDS? _____ IF YES, WHAT? _____ _____	

SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED (ENTER NAME): \_\_\_\_\_

PRESENT AT ACCIDENT? Yes No WHEN DID SUPERVISOR FIRST KNOW OF INJURY? \_\_\_\_\_

**IMMEDIATE ACTION TAKEN**

FIRST AID TREATMENT \_\_\_\_\_ BY (NAME) \_\_\_\_\_

SENT HOME \_\_\_\_\_ BY (NAME) \_\_\_\_\_

SENT TO HOSPITAL \_\_\_\_\_ BY (NAME) \_\_\_\_\_ NAME OF HOSPITAL: \_\_\_\_\_

SENT TO SCHOOL NURSE \_\_\_\_\_ BY (NAME) \_\_\_\_\_

SENT TO PHYSICIAN \_\_\_\_\_ BY (NAME) \_\_\_\_\_ PHYSICIAN'S NAME: \_\_\_\_\_

Date Employee Received \*DWC Form 1 \_\_\_\_\_ Date DWC Form 1 Returned \_\_\_\_\_

SCHOOL \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ LOCATION NO. \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
(PLEASE PRINT)

SIGNED SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_