



**WEYMOUTH PUBLIC SCHOOLS
REPORT OF AN ACCIDENT**

☐ **STUDENT**

☐ **VISITOR**

NAME

DEPT

PHONE #

HOME ADDRESS

DATE OF BIRTH

DATE OF HIRE

SS# requested but not required)

DATE OF INJURY

SITE OF INJURY (Address)

CAUSE OF INJURY (chemicals, machinery etc)

DESCRIBE HOW INJURY OCCURRED

TO WHOM WAS INJURY REPORTED

DATE REPORTED

DESCRIPTION OF INJURY (Left leg, lower back, etc.)

FIRST AID, IF ANY, GIVEN BY

WITNESS TO THE INJURY ____ **YES** ____ **NO**

IF YES, PLEASE SPECIFY _____

SIGNATURE OF PRINCIPAL/DIRECTOR

DATE

I hereby affirm that all information supplied by me in support of my accident report is true and complete. I also understand that if I give falsified information as part of my report it shall be considered sufficient cause for denial of my claim.

SIGNATURE

DATE

☐ **COPY TO ADMINISTRATION**

02/12/09