

**LOGAN ELM LOCAL SCHOOLS  
INJURED WORKER ACCIDENT STATEMENT**

**IN THE EVENT OF AN EMERGENCY CALL 911**

EMPLOYEE NAME \_\_\_\_\_

HOME OR CELL PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

JOB TITLE \_\_\_\_\_ BUILDING \_\_\_\_\_

WORK HOURS \_\_\_\_\_ TO \_\_\_\_\_ DATE & TIME OF ACCIDENT \_\_\_\_\_

WHERE DID ACCIDENT OCCUR? \_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAMES OF WITNESSES \_\_\_\_\_

*Witnesses must complete written statements in their own words of what they saw before, during and after the accident.  
Attach statements to this report.*

DESCRIBE INJURY (BODY PARTS AND TYPE OF INJURY) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU SEEKING MEDICAL CARE FOR THIS INJURY?  YES  NO

*Please coordinate medical care through Berger Health System WellnessWorks – 1-888-977-3319*

HAVE YOU EVER INJURED THIS PART OF YOUR BODY BEFORE?  YES  NO

HOW COULD THIS ACCIDENT BE PREVENTED IN THE FUTURE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SEND THIS COMPLETED FORM TO THE TREASURER'S OFFICE AS SOON AS POSSIBLE**