

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
Supervisor's Investigation & Report of Incident**

<b>Name of Injured (Last, First, M.I.):</b>		<b>Social Security #:</b>	<b>Date of Birth:</b>	<b>Sex: M / F</b>
<b>Mailing Address of Injured:</b>		<b>City/State/Zip:</b>	<b>Phone #:</b>	
<b>Work Location:</b>		<b>Job Title:</b>		
<b>WHEN:</b>	<b>Date &amp; Time of Incident:</b> /                      /                      :                      AM / PM			
	<b>Date Reported to Supervisor:</b> /                      /			
	<b>If Delayed, Why?</b>			
<b>DESCRIPTION OF INCIDENT:</b>	<b>Detail what employee was doing and/or what physical objects and/or materials were involved:</b> _____ _____			
	<b>Was employee doing something other than required duties? YES / NO    If yes, explain:</b> _____ _____			
<b>WHAT:</b>	<b>State body parts that were injured:</b>			
	<b>Was treatment beyond first aid required? YES / NO    If yes, explain</b>			
	<b>Fatality? YES / NO</b>		<b>Lost Time? YES / NO</b>	
<b>WHERE:</b>	<b>Exact location of where incident occurred:</b>			
	<b>Was ambulance transport necessary? YES / NO    To which facility:</b>			
<b>WITNESSES:</b>	<b>(Last Name, First Name / Title / Phone #):</b> _____ _____ _____			
<b>WHY:</b>	<b>Comment on the causes of the incident:</b> _____ _____			
<b>Is there reason to believe that this claim should be investigated?    YES / NO</b>				
<b>SUPERVISOR/MANAGER:</b> <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Phone #:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____				