

CITY OF SCHERTZ ON THE JOB INJURY/ACCIDENT REPORT

**** PLEASE FILL-IN ALL BLANKS, PRINT AND FORWARD TO RISK MGT ****

- 1. EMPLOYEE NAME (LAST, FIRST, M.I.) _____
- 2. SEX M F TML REPORTABLE: OR NON-REPORTABLE:
- 3. DATE OF INJURY (M-D-Y) _____ TIME OF INJURY _____ : _____ AM PM
- 4. PHONE NUMBER (W/AREA CODE) _____ - _____ - _____
- 5. NATURE OF INJURY _____
- 6. PART OF BODY INJURED OR EXPOSED (Be Specific) _____
- 7. HOW AND WHY INJURY/ILLNESS OCCURRED _____
- 8. WAS EMPLOYEE DOING HIS/HER REGULAR JOB? Yes No
- 9. WORKSITE LOCATION OF INJURY (stairs, dock, etc.) _____
- 10. HOME MAILING ADDRESS: (Street or P.O. Box) _____
City _____ State _____ Zip Code _____ County _____
- 11. ADDRESS WHERE INJURY OR EXPOSURE OCCURRED and Name of Business, if applicable:
(Street or P.O. Box) _____
County _____ City _____ Zip Code _____
- 12. MARITAL STATUS: Married Widowed Separated Single Divorced
- 13. SPOUSE'S NAME _____ NUMBER OF DEPENDENT CHILDREN _____
- 14. CAUSE OF INJURY (fall, tool, machine, etc.) _____
- 15. **TREATMENT FOR THIS INJURY: YES NO IF WORK-STATUS-REPORT INDICATES MODIFIED DUTY OR RESTRICTIONS, IS LIGHT-DUTY AVAILABLE FOR THIS POSITION: Yes NO *IF LIGHT-DUTY IS AVAILABLE, PLEASE COMPLETE BONA-FIDE OFFER OF EMPLOYMENT FORM, ATTACHED.**
- 16. **TREATING DR./PLACE** _____
MAILING ADDRESS _____ STATE _____ ZIP CODE _____
- 17. LIST WITNESSES _____
- 18. RETURN TO WORK DATE/EXPECTED DATE (M-D-Y) _____ - _____ - _____ **OR**
AFTER NEXT WORKER'S COMP DR FOLLOW-UP VISIT: YES OR NO
- 19. SUPERVISOR'S NAME _____
- 20. DATE INJURY REPORTED (M-D-Y) _____ - _____ - _____
- 21. DATE OF HIRE (M-D-Y) _____ - _____ - _____
- 22. EMPLOYEE'S LENGTH OF SERVICE IN THIS OCCUPATION: Years _____ Months _____
- 23. OCCUPATION OF INJURED EMPLOYEE: _____
- 24. PREVENTABLE _____ (if yes, answer #28) NON-PREVENTABLE _____
- 25. WHAT COULD HAVE BEEN DONE TO PREVENT INJURY _____

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| Employee's/Preparer's Signature: | |
| Department Head Signature: | |
| Executive Director Signature: | |
| Asst to City Manager Signature: | |
| City Manager Signature: | |