

## Farragut Community School District Staff Accident Report

Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Time of Accident: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Accident Location: \_\_\_\_\_  
\_\_\_\_\_

Cause of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Body Part Injured:**

Left	Right	Left	Right	Left	Right
_____ Thumb	_____	_____ Neck	_____	_____ Trunk	_____
_____ Finger	_____	_____ Head	_____	_____ Back	_____
_____ Hand	_____	_____ Face	_____	_____ Hip	_____
_____ Wrist	_____	_____ Elbow	_____	_____ Shoulder	_____
_____ Lower Arm	_____	_____ Ankle	_____	_____ Abdomen	_____
_____ Upper Arm	_____	_____ Knee	_____	_____ Foot	_____
_____ Lower Leg	_____	_____ Eye	_____	_____ Toes	_____
_____ Upper Leg	_____			_____ Groin	_____

Type of Injury: (example – bruise, sprain, laceration, etc.) \_\_\_\_\_  
\_\_\_\_\_

First-Aid Given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further Medical Care Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_