

**HUNTINGTON BEACH CITY SCHOOL DISTRICT**  
**SUPERVISOR'S INJURY INVESTIGATION REPORT**  
**FOR WORKER'S COMPENSATION INCIDENT**

NAME OF INJURED PERSON \_\_\_\_\_

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

SCHOOL/DEPT. \_\_\_\_\_ NORMAL WORK HOURS \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_

NAME OF PERSON COMPLETING INVESTIGATION \_\_\_\_\_

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

WHERE DID ACCIDENT HAPPEN?(be specific) \_\_\_\_\_

WHAT WAS THE PERSON DOING WHEN ACCIDENT HAPPENED? \_\_\_\_\_

WHO WITNESSED THE ACCIDENT? \_\_\_\_\_

HOW DID THE ACCIDENT HAPPEN? \_\_\_\_\_

IF APPLICABLE, WHAT COULD BE DONE TO PREVENT A SIMILAR ACCIDENT? \_\_\_\_\_

DESCRIBE THE INJURY (Be specific) \_\_\_\_\_

REPORTED TO HUMAN RESOURCES (WORKERS' COMPENSATION)?  YES  NO DATE \_\_\_\_\_

DID THE INJURED PERSON SEEK MEDICAL TREATMENT?  YES  NO DATE \_\_\_\_\_

NAME OF DOCTOR/CLINIC \_\_\_\_\_

NAME OF HOSPITAL OR EMERGENCY ROOM \_\_\_\_\_

DID EMPLOYEE MISS WORK?  YES  NO IF SO, WHEN DID INJURED EMPLOYEE LEAVE WORK?

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
EMPLOYEE SIGNATURE