

Cleveland Metropolitan School District  
Injury and Investigation Report

**Part I. Statement of injured employee-Please print**

Name \_\_\_\_\_  
Last First Sex Date of Birth Soc Sec No

Address \_\_\_\_\_  
Number and Street City Zip Code

Work Location \_\_\_\_\_ Job Title \_\_\_\_\_ Working Hours \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Were you working at the time of the accident? \_\_\_\_\_ Location of Accident \_\_\_\_\_

Did you/will you receive medical treatment for the injury? \_\_\_\_\_

Where did you receive Medical Treatment? \_\_\_\_\_

Did you return to work the day of the accident? \_\_\_\_\_ If not, when did you return? \_\_\_\_\_

Describe accident: Detail the events which resulted in the injury-what happened? (If you were lifting an object, state approximate size, weight and the distance/height lifted.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the nature of the injury and exact parts of the body that were affected:

\_\_\_\_\_  
\_\_\_\_\_

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

By signing I certify that the above is a true and factual representation of the facts of the reported accident.

**Part II. Witness Statement (if applicable)-Please print**

Name \_\_\_\_\_ Day time Phone no. \_\_\_\_\_

Description of Accident \_\_\_\_\_

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

**Part III. Supervisor's Report-Please print**

I have reviewed this report and I Agree \_\_\_\_\_ Disagree \_\_\_\_\_ with the employee's description.

If you disagree, please explain: \_\_\_\_\_

1. Is transitional work available for this injured employee (modified duty)? \_\_\_\_\_
2. What corrective action taken place to prevent similar injuries? \_\_\_\_\_
3. Is this injury the result of an assault? \_\_\_\_\_
4. You notified the Safety and Security Department of this accident on \_\_\_\_\_

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

FAX THIS COMPLETED FORM TO: CMSD-WORKER'S COMPENSATION OFFICE 216-777-5300  
ATTACH OR FAX ADDITIONAL PAGES IF NECESSARY