

**CROWLEY INDEPENDENT SCHOOL DISTRICT**

**Employee Accident/Injury Report**

- Employee accidents/injuries must be reported on this form and submitted to the workers' compensation office **immediately.** Kristin Bell – [kristin.bell@crowley.k12.tx.us](mailto:kristin.bell@crowley.k12.tx.us)
- If this is an emergency dial 911 or go to the nearest emergency room. If medical care is required please visit a medical facility in the TOP network and show employee ID badge. \*For a full list of TOP clinic locations please visit the Crowley ISD Workers' Compensation web page.
- Except for emergency situations, you should not obtain services outside of the TOP network without approval. If you decide to receive health care services outside of the TOP network without approval; you may be responsible for all payments related to those services.

Date of this Report: \_\_\_\_\_

Name of Injured Employee: \_\_\_\_\_

Employee ID# \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Phone# Relative or Friend \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_ A.M or P.M

Campus and Location where accident occurred \_\_\_\_\_

Room# if applicable \_\_\_\_\_

Time employee began work \_\_\_\_\_ Time \_\_\_\_\_ A.M or P.M

Was employee absent from duty due to accident? YES\_\_ or NO\_\_\_\_\_ if yes, date and time absence began:  
Date \_\_\_\_\_ A.M \_\_\_\_\_ or P.M \_\_\_\_\_

When was supervisor notified of injury? \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

**Describe fully how the accident occurred and state what employee was doing when injured.** \_\_\_\_\_

**Describe the injury or illness in detail and indicate the part of the body affected (left/right)**

Name of Witness \_\_\_\_\_

**Was medical treatment provided with in the TOPS Network (CareNow or Concentra or ER)? YES or NO (If yes complete A and B)**

**A. Name of physician** \_\_\_\_\_

**B. Name of hospital** \_\_\_\_\_

Employee Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_