



## INJURY/ACCIDENT INVESTIGATION REPORT

**This is a CONFIDENTIAL REPORT for use by Los Angeles Unified School District attorneys. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.**

*This report must be completed within 24 hours of an accident involving an injury to students, employees or visitors. Do not use this form for contractors. E-mail completed reports to [accidentinvestigations@lausd-oehs.org](mailto:accidentinvestigations@lausd-oehs.org). If this is an employee injury report keep a copy of this investigation at your location in a confidential file separate from personnel files. Do not keep copies of student or visitor injury investigations at your location. Attach additional pages if necessary.*

Name of School, Office or location reporting this Injury: _____	Location Code: _____
Name of reporting Supervisor/Administrator: _____	E-mail address: _____ Phone: _____ Date: _____

**1. WHO WAS INJURED?** *A separate Injury/Accident Investigation Report must be completed for each injured person. All employee injuries requiring more than first aid must also be reported to Sedgwick CMS at (800) 528-7392 within 24 hours.*

(check one)

☐ Student Injury/Illness, Grade \_\_\_\_\_ ☐ Employee Injury/Illness ☐ Visitor Injury/Illness

Name of Injured Person: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Date of Birth: \_\_\_\_\_ Employee No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_  
Employee's Work Location Code: \_\_\_\_\_ Employee Job Title or Occupation: \_\_\_\_\_

### 2. WHEN AND WHERE DID THIS HAPPEN?

Date of Injury: \_\_\_\_\_ Time Injury occurred: \_\_\_\_\_ Date reported: \_\_\_\_\_ Time reported: \_\_\_\_\_ Name of Parent/Guardian/Spouse Notified: \_\_\_\_\_

Who made the notification and when? \_\_\_\_\_

Did injury occur on District property? ☐ Yes ☐ No

(If the accident occurred off-site indicate location, address, city and zip code): \_\_\_\_\_

Describe the exact location where the injury occurred (building number, room): \_\_\_\_\_

**3. HOW DID THIS HAPPEN?** What was the injured person doing at the time of the injury? Describe the events immediately preceding the injury. Identify any LAUSD employees involved in the accident and any tools, machinery, equipment, or vehicles involved. (Attach photos).

**4. WHAT INJURIES RESULTED?** Type of injuries and body part(s) injured. Example: "Sprained arm."

**5. DID ANYONE SEE THE INJURY HAPPEN?** Name(s) and phone numbers of witness(es) if any. Attach statement of each witness.

**6. DID ANYONE ELSE CAUSE THIS INJURY?** *Other person(s) that caused or contributed to the injury, if any*

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Was an arrest made: ☐ Yes ☐ No  
Physical Description: \_\_\_\_\_

### 7. WAS MEDICAL TREATMENT NEEDED?

Was first aid administered? ☐ Yes ☐ No If so, who did it? \_\_\_\_\_  
Did injured party go to a hospital/clinic? ☐ Yes ☐ No Describe medical treatment received: \_\_\_\_\_  
Did a supervisor accompany injured person? ☐ Yes ☐ No If yes, who was it? \_\_\_\_\_  
Doctor's recommendation: ☐ Unknown ☐ Temporary Disability ☐ Return to Full Duty ☐ Restricted Duty  
Doctor's Name: \_\_\_\_\_ Name of Medical Facility: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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School/Office Name: \_\_\_\_\_

Location Code: \_\_\_\_\_

## 8. HOW COULD THIS ACCIDENT BE PREVENTED?

Key findings: Factor(s) contributing to the injury. For example, "Stood on a chair instead of using a ladder." \_\_\_\_\_

Was employee trained to perform this task safely? If yes, describe training provided. \_\_\_\_\_

Did employee violate a safety rule? Describe rule. \_\_\_\_\_

Conclusions: Reasons the key findings existed. For example, "There is no safety rule prohibiting standing on chairs," or "The supervisor did not train employees on this safety procedure."

Actions you took to prevent a recurrence of this injury/accident:

What do you recommend to prevent similar injuries? Has this been implemented?

Related or attached reports applicable to this injury: \_\_\_\_\_

## 9. REQUIRED REFERRALS

	check if contacted
Was this a "serious injury" to employee? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call Cal/OSHA office closest to your location <sup>1</sup> <input type="checkbox"/>
Was DWC-1 Form provided to employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call Sedgwick CMS (800) LAUSDWC. <input type="checkbox"/>
Does the employee have temporary work restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, contact Stay-At-Work coordinator (213) 241-7630 <input type="checkbox"/>
Was this a "serious injury" to a non-employee or visitor? <sup>3</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call School Police (213) 625-6631 and ORMIS (213) 241-3139. <input type="checkbox"/>
Were injured parties hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call ORMIS (213) 241-3139. <input type="checkbox"/>
Did this involve a possible act of violence? <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call School Police (213) 625-6631 and ORMIS (213) 241-3139. <input type="checkbox"/>
Is employee discipline under consideration?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, contact Staff Relations (213) 241-6056. <input type="checkbox"/>
Did this involve evidence of child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call Child Protective Services (800) 540-4000. <input type="checkbox"/>
Were students or staff traumatized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, contact Site Crisis Team at each school or Local District Office. <input type="checkbox"/>
Did an unsafe condition contribute to this accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, place "Trouble Call" to M&O (213) 745-1600. <input type="checkbox"/>
Did the accident involve hazardous substance release?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call OEHS at (213) 241-3199. <input type="checkbox"/>
Did the accident involve vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, refer to School Police at (213) 625-6631. <input type="checkbox"/>
Does this appear to be a fraudulent claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, call Sedgwick CMS Fraud Unit (626) 397-9272 for employee injuries, or the Office of Inspector General (800) 528-7364 for other suspected fraud cases. <input type="checkbox"/>

<sup>1</sup> Cal/OSHA defines a "serious injury" as a death, amputation, permanent disfigurement, hospitalization for more than 24 hours for other than observation, or an incident resulting in multiple injuries requiring hospitalization. You are required to notify Cal/OSHA within 8 hours at one of the following numbers: Monrovia (626) 256-7913; Los Angeles (213) 576-7451; Torrance (310) 516-3734; or Van Nuys (818) 901-5403.

<sup>2</sup> An act of violence may involve student vs. student or student vs. teacher. The School Site Crisis Team should be notified when students or staff are traumatized. All cases involving possible acts of violence must be referred to School Police at (213) 625-6631.

<sup>3</sup> All injuries requiring medical treatment, transport by ambulance, emergency room treatment or hospitalization.

## 10. CERTIFICATIONS *By checking the certification box below, the Supervisor and Site Administrator agree to protect this document against unlawful distribution, and certify that the Supervisor of the injured person investigated this accident or injury, and the Site Administrator has reviewed, approved, and implemented the corrective actions necessary to prevent a recurrence of this accident.*

☐ Supervisor's Certification

☐ Administrator's Certification

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

\_\_\_\_\_  
Employee No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Site Administrator

\_\_\_\_\_  
Employee No.

\_\_\_\_\_  
Date

### ADDRESSES AND CONTACT INFORMATION

Office of Environmental Health & Safety  
333 South Beaudry Avenue, 21st Floor  
Los Angeles, California 90017  
Phone (213) 241-3199

Office of Risk Management & Insurance Services  
333 South Beaudry Avenue, 28th Floor  
Los Angeles, California 90017  
Phone (213) 241-3139