



Injury / Accident Report

This report must be completed within 24 hours of an accident involving an injury to students, employees or visitors. Send completed reports to Tracy Suckow at the District Office. Attach additional pages if necessary.

1. Who was injured? Student Employee Visitor

Name of Injured Person:

Home Address:

Phone Number:

Employee Job Title or Occupation:

Sex: Male Female:

2. When and Where did this happen?

Date of Injury:

Time Injury Occurred:

Date Reported:

Time Reported:

Name of Parent/Guardian/Spouse or significant other notified:

Who made the notification and when?

Did injury occur on District property? Yes No

Describe the exact location where the injury occurred:

3. HOW DID THIS HAPPEN? What was the injured person doing at the time of injury?

Describe the events immediately preceding the injury. Identify any employees involved in the accident and any tools, machinery, equipment, or vehicles involved. Attach photos if applicable.

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



Sisters School District

"Home of the Outlaws"

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:

Phone Number:

Was an arrest made? Yes No

7. WAS MEDICAL TREATMENT NEEDED?

Was first aid administered? Yes No

Name:

Did injured party go to a hospital/urgent care/clinic? Yes No

Describe medical treatment received:

Did a supervisor accompany injured person? Yes No

Name:

Physician's Name:

Name of hospital/urgent care/clinic:

Phone Number:

Injured Person's Signature

Date

Supervisor's Signature

Date



For SAIF Customer Use

Area _____
Dept. _____
Shift CC _____

CLAIM NO. _____
SUBJECT DATE _____
CLASS _____
DEFAULT DATE _____
EMPLOYER'S ACCOUNT NO. _____

Email: saif801@saif.com
Toll-free phone: 1.800.285.8525
Toll-free FAX: 1.800.475.7785

Report of Job Injury or Illness*
Workers' compensation claim

To make a claim for a work-related injury or illness, fill out this form and give to your employer.

If you do not intend to file a workers' compensation claim with SAIF, do not sign the signature line. Your employer will give you a copy.

Form with 29 numbered sections for injury/illness reporting, including date of injury, time of injury, location, cause, and contact information.

Employer at time of injury

Complete the rest of this form and give a copy of the form to the worker. If the worker is unavailable, complete with available information. Notify SAIF within five days of knowledge of the claim.

Form with 24 numbered sections for employer information, including business name, address, phone, and details of the injury event.

A guide for workers recently hurt on the job

The following information is provided by SAIF at the request of the Workers' Compensation Division

saif
400 High St SE
Salem, OR 97312

How do I file a claim?

- Notify your employer and a health care provider of your **choice** about your job-related injury or illness as soon as possible. Your employer cannot choose your health care provider for you.
- Ask your employer the name of its workers' compensation insurer.
- Complete **Form 801, "Report of Job Injury or Illness,"** available from your employer and **Form 827, "Workers' and Health Care Provider's Report for Workers' Compensation Claim,"** available from your health care provider.

How do I get medical treatment?

- You may receive medical treatment from the health care provider of your **choice**, including:
 - Authorized nurse practitioners
 - Chiropractic physicians
 - Medical doctors
 - Naturopathic physicians
 - Oral surgeons
 - Osteopathic physicians
 - Physician assistants
 - Podiatric physicians
 - Other health care providers
- The insurance company may enroll you in a managed care organization at any time. If it does, you will receive more information about your medical treatment options.

Are there limitations to my medical treatment?

- **Health care providers may be *limited* in how long they may treat you and whether they may authorize payments for time off work.** Check with your health care provider about any limitations that may apply.
- **If your claim is denied, you may have to pay for your medical treatment.**

If I can't work, will I receive payments for lost wages?

- You may be unable to work due to your job-related injury or illness. In order for you to receive payments for time off work, your health care provider must send written authorization to the insurer.
- Generally, you will not be paid for the first three calendar days for time off work.
- You may be paid for lost wages for the first three calendar days if you are off work for 14 consecutive days or hospitalized overnight.
- If your claim is denied within the first 14 days, you will not be paid for any lost wages.
- Keep your employer informed about what is going on and cooperate with efforts to return you to a modified- or light-duty job.

What if I have questions about my claim?

- SAIF or your employer should be able to answer your questions. Call SAIF at 800.285.8525.
- If you have questions, concerns, or complaints, you may also call any of the numbers below:

Ombuds Office for Oregon Workers: (an advocate for injured workers)

Toll-free: 800.927.1271

Email: oww.questions@dcbs.oregon.gov

Workers' Compensation Resolution Section

Toll-free: 800.452.0288

Email: workcomp.questions@dcbs.oregon.gov

Do I have to provide my Social Security number on Forms 801 and 827? What will it be used for?

You do not need to have an SSN to get workers' compensation benefits. If you have an SSN, the Workers' Compensation Division (WCD) of the Department of Consumer and Business Services will get it from your employer, the workers' compensation insurer, or other sources. WCD may use your SSN for the following: quality assessment, correct identification and processing of claims, compliance, research, injured worker program administration, matching data with other state agencies to measure WCD program effectiveness, injury prevention activities, and to provide to federal agencies in the Medicare program for their use as required by federal law. The following laws authorize WCD to get your SSN: the Privacy Act of 1974, 5 USC § 552a, Section (7)(a)(2)(B); Oregon Revised Statutes chapter 656; and Oregon Administrative Rules chapter 436 (Workers' Compensation Board Administrative Order No. 4-1967).