

Educational Service Center of Lorain County

Report of Accident/Injury

Type of Report:

☐ Accident Involving Injury to Employee

☐ Witnessing of Accident

☐ Accident Involving Vehicles and/or Equipment

First Name	Last Name	Date of Birth	Social Security Number	
Address			City/State/Zip Code	
Home Phone	Work Phone	Cell Phone	E-Mail Address	
Date of this Report	Date of Accident	Last Date Worked	Return to Work	Total Days Missed
Accident Location				
Describe Accident				
Describe Injuries				
Was a report prepared by the Police? <input type="radio"/> Yes <input type="radio"/> No				
Did you visit an emergency room and/or physician? <input type="radio"/> Yes <input type="radio"/> No				
Physician and/or Hospital			Telephone Number	
Address			City/State/Zip Code	
Signature			Date	

If this form does not accommodate all of your information, please feel free to add additional pages.

Please print, sign and return to the Treasurer's Office at the Educational Service Center of Lorain County, 1885 Lake Avenue, Elyria, Ohio 44035.