

Central Curry School District #1
29516 Ellensburg Ave.
Gold Beach, OR 97444

District Office
Phone: (541) 247-2003 Fax: (541) 247-9717

SAIF Incident Report

PLEASE COMPLETE & FAX TO THE DISTRICT OFFICE ASAP 247-9717

Name of injured employee: _____

Date and time of incident: _____

Place of incident: _____
(building / place within building)

Description of injury (what body part / what side): _____

Treatment: _____ **None** _____ **First Aide** _____ **Doctor** _____ **Hospital**
(name) (name)

Detailed explanation of how injury occurred: _____

Did previous injury/condition contribute? Explain: _____

Were there any witnesses, if so who: _____

Was incident caused by person(s) not employed by us, who? _____

Employee signature

Date