

## Employee User Guide – Reporting an Accident/Incident – File a Claim

### Reporting an Accident/Incident

All accidents/incidents are to be reported online directly to the Puget Sound Workers’ Compensation Trust (PSWCT). If in the report of your accident/incident you indicate that you have sought, or intend to seek medical care, the online reporting system will be prompted to have you complete additional screens of information to also submit a work injury claim.

To make the submittal process quicker for you, please have the following information on hand:

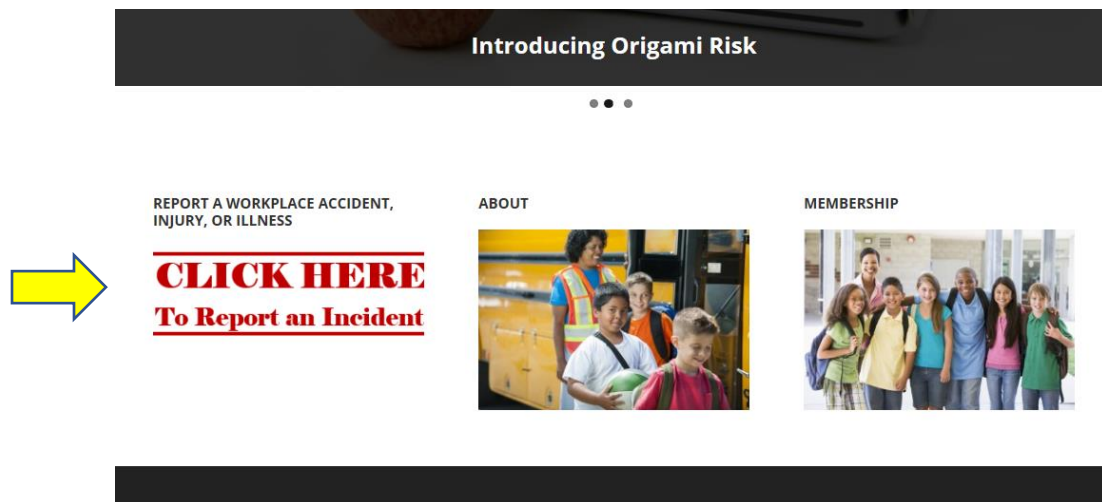
- Your date of hire with the District
- Current Pay Rate
- Address of the work location where the accident/incident occurred
- Any dependent’s name(s) and birthdate(s)

The online submittal process should take no more than 15 – 30 minutes. If you are not able to complete your submittal in one sitting, be sure to click the “Save Draft” button to save the information you entered to that point. If your information is not saved, you will need to start the submittal process from the beginning.

The following provides an overview of the steps involved in reporting an accident/incident, as well as a work injury claim, if applicable.

### An Accident/Incident Occurs

Report the accident/incident by going to the PSWCT website at [www.pswct.org](http://www.pswct.org). Below is a snap shot of the PSWCT homepage where you will click to submit your report.



## Completing the Form

The first step in completing the form is to choose the school district with which you are employed. There is a convenient Quick Search field that will find our school district as the name is typed.

**Select Member for New Incident**

Quick Search

Auburn School District (171-000-282)  
Bethel School District (279-003-337)  
Bremerton School District (181-668-965)  
Carbonado School District (578-068-217)  
Clover Park School District (278-035-358)  
Clover Park VTI/Puget (9998)  
Dieringer School District (277-001-322)  
Eatonville School District (272-000-464)  
Enumclaw School District (178-000-194)  
Everett School District (313-001-458)  
Federal Way School District (171-005-388)  
Fife School District (278-035-573)  
Franklin Pierce School District (278-035-584)  
Issaquah School District (179-011-768)  
Mercer Island School District (179-013-627)  
Monroe School District (315-001-171)  
Mukilteo School District (316-000-055)  
Olympia School District (374-000-479)

After selecting the Puyallup School District, the following screens appear for data entry. All fields with an asterisk (\*) must be completed. The "Self-Insured Employer Information" auto populates.

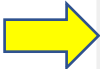
**New Incident** or Cancel

<b>Injured Employee Information</b>		<b>Self Insured Employer Information</b>	
First Name *	Anna	Member	Puyallup School District
Middle Name	No Punctuation please	Address	302 2nd Street SW
Last Name *	Smith	City	Puyallup
Mailing Address *	123 ABC Street	State	WA
City *	Puyallup	Zip	98372
State *	Washington	Location *	Maplewood Elementary School 🔍
Zip *	98371		
Employee Home Phone *	2531234567		
Claimant Email *	asmith@email.com		
Social Security *	123-45-6789		
PRC Number			
Marital Status *	Married		
Gender Options *	Female		
Birth Date *	10/10/1983		
Height in Inches ⓘ *	68		
Weight *	145		
Hire Date *	08/05/2014		

## Dependent Children

If you have dependent children, there is a separate section to be completed. First, you must click "Save and Continue" to continue with the form.

Please click "Save and Continue" below to continue. Once you have done so, please click the plus sign at right to add Dependent Children: Include unborn, estimated birthdate. Benefits will be based, in part, on number of legally dependent children. Please indicate custody status of each child.

 ▶ Incident must be saved before adding new Child Dependent records.

Once the form has been saved, click the plus sign (+) at the right of the screen to add each of your dependent child(ren).



[+ New Child Dependent](#)

Name	Birth Date	Gender	Relationship	Legal Custody
Provide children's legal guardian (if other than self)			City	<input type="text"/>
Name	<input type="text"/>		State	<input type="text"/>
Phone	<input type="text" value="(XXX)XXX-XXXX"/>		Zip	<input type="text"/>
Address	<input type="text"/>			

### Accident/Incident Information

After adding any dependent children click "Save" and complete the "Accident Information" portion.

#### Accident Information

Job title when injured \*

Shift Start/End Times

Date of injury/exposure \*

Time of injury \*

When did you last work?

When did you return to work?

Part of Body injured/exposed (position) \*

Where did the injury/exposure occur?

Were you doing your regular Job?

Was this incident caused by a failure of a machine or product OR someone who is not a co-worker?

Have you sought, or do you intend to seek, medical care? \*

Describe in detail how your injury or exposure occurred: (include tools, machinery, chemicals or fumes that may have been involved) \*

List any witnesses

Did you report Incident to Employer?

Name of the Person Reported To

Title of Person Reported To

Date Reported

Was reporting of incident delayed?

Business name and address where injury or exposure occurred

Use Lookup or enter address

Name

Address

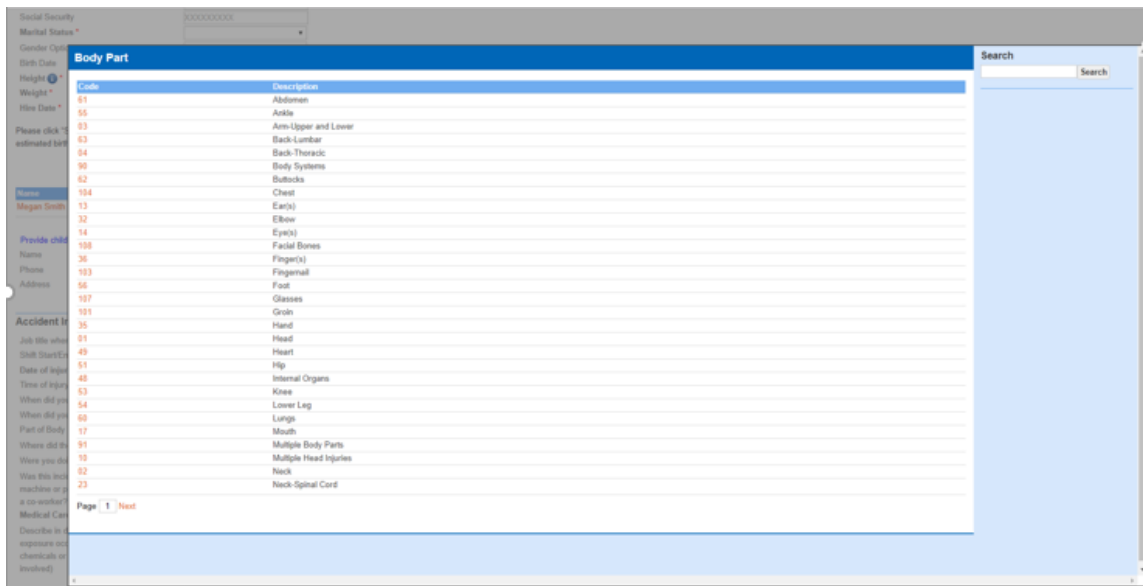
City

State

Zip

County

For the "Part of Body Injured/Exposed" field, you may select from the drop-down menu or conduct a search by using the search field in the upper right corner of the screen.



## Parking Lot Accident/Incident

For the “Where did Injury Occur” field, a new section appears if you indicate the incident occurred in a parking lot.

**Accident Information**

Job title when injured  
Shift Start/End Times  
Date of injury/exposure \*  
Time of injury  
When did you last work?  
When did you return to work?  
Part of Body injured/exposed (position)  
Where did the injury/exposure occur?  
Were you doing your regular Job?  
Was this incident caused by a failure of a machine or product OR someone who is not a co-worker?  
Medical Care Sought \*  
Describe in detail how your injury or exposure occurred. (include tools, machinery, chemicals or fumes that may have been involved)  
List any witnesses

Employer premises  
Jobsite  
Other  
Parking Lot

Did you report Incident to Employer?  
Name of the Person Reported To  
Title of Person Reported To  
Date Reported  
Was reporting of incident delayed?  
Business name and address where injury or exposure occurred  
Use Lookup or enter address  
Name  
Address  
City  
State  
Zip  
County

If applicable, complete the “Parking Lot Questionnaire” by clicking the plus sign (+) at the bottom right of the screen that states “New Parking Lot”.

**Accident Information**


Job title when injured  
Shift Start/End Times  
Date of injury/exposure \*  
Time of injury  
When did you last work?  
When did you return to work?  
Part of Body injured/exposed (position)  
Where did the injury/exposure occur?  
Were you doing your regular Job?  
Was this incident caused by a failure of a machine or product OR someone who is not a co-worker?  
Medical Care Sought \*  
Describe in detail how your injury or exposure occurred. (include tools, machinery, chemicals or fumes that may have been involved)  
List any witnesses

Parking Lot

Did you report Incident to Employer?  
Name of the Person Reported To  
Title of Person Reported To  
Date Reported  
Was reporting of incident delayed?  
Business name and address where injury or exposure occurred  
Use Lookup or enter address  
Name  
Address  
City  
State  
Zip  
County

**PARKING LOT Questionnaire** + New Parking Lot

Entry Date



Enter the requested information in the Parking Lot form

**New Parking Lot** Save Changes or Cancel

Injured Worker  
Date of Accident  
Time of Accident  
What are your normal shift hours?  
Start Time  
End Time  
Break Times  
What time did the accident occur  
Were you engaged in a work-related activity?  
Describe activity (Errand, School Meeting, Conference, Other)  
Were you on a walkway adjacent to building?  
Were you in a personal or company-provided vehicle?  
Do you work primarily at this jobsite or multiple worksites?  
Was there any construction in the vicinity of the parking lot?

*If possible, attach digital pictures of the accident location to clarify the location of the injury in relation to other buildings, etc. Please mark an "X" on the picture or site map to indicate where the accident occurred. The Injured Worker must initial near the "X" to indicate agreement on accident location.*

Parking Lot must be saved before adding new File records.  
Save and Continue

## Medical Care Sought

It is very important for you to indicate if you have or will be seeking medical treatment. If you indicate “yes”, this will prompt the start of the claim submittal process.

The screenshot shows a web form with various input fields. A modal dialog box titled "Medical Care Sought" is overlaid on the form. The dialog contains the text: "Have you or will you in the future seek Medical Care for this Accident/Incident? If you will seek care, please select Yes to start the claim process." The form fields include: Shift Start/End Times, Date of injury/exposure, Time of injury, When did you last work?, When did you return to work?, Part of Body injured/exposed(position), Where Injury Occurred, Were you doing your regular Job?, Was this incident caused by a failure of a machine or product OR someone who is not a co-worker?, Medical Care Sought (with an information icon), Describe in detail how your injury or exposure occurred, chemicals or fumes that may have been involved, List any witnesses, and an "Additional Information" section at the bottom.

There is “Lookup” button for the “Business name and address where injury or exposure occurred.

The screenshot shows the "Accident Information" form. A yellow arrow points to the "Lookup" button in the "Business name and address where injury or exposure occurred" section. The form fields include: Job title when injured (Teacher), Shift Start/End Times (08:30 AM to 04:30 PM), Date of injury/exposure (10/18/2017), Time of injury (03:45 PM), When did you last work? (10/18/2017), When did you return to work? (10/19/2017), Part of Body injured/exposed (position) (Knee, Left), Where did the injury/exposure occur? (Employer premises), Were you doing your regular Job? (Yes), Was this incident caused by a failure of a machine or product OR someone who is not a co-worker? (No), Have you sought, or do you intend to seek, medical care? (Yes), Describe in detail how your injury or exposure occurred: (I tripped over a backpack and fell on my left knee.), List any witnesses, Did you report incident to Employer? (Yes), Name of the Person Reported To (Daniel Ferrell), Title of Person Reported To (Principal), Date Reported (10/19/2017), Was reporting of incident delayed? (No), Business name and address where injury or exposure occurred (Maplewood Elementary School, 1110 W Pioneer, Puyallup, Washington, 98371-5354).

Location screen:

Locations																												
Name	all	#	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
Location Number	Name	Street1	City	State	Member																							
275-003-596-64	Athletics	601 7th Ave SW	Puyallup	Washington	Puyallup School District																							
275-003-596-29	Aylen Junior High	101 15th St NW	Puyallup	Washington	Puyallup School District																							
275-003-596-30	Ballou Junior High	9916 136th St E	Puyallup	Washington	Puyallup School District																							
275-003-596-01	Brouillet Elementary School	17207 94th Ave E	Puyallup	Washington	Puyallup School District																							
275-003-596-02	Carson Elementary School	8615 182nd St E	Puyallup	Washington	Puyallup School District																							
275-003-596-31	Edgemont Junior High	2300 110th Ave E	Edgewood	Washington	Puyallup School District																							
275-003-596-04	Edgerton Elementary School	16528 127th Ave Ct E	Puyallup	Washington	Puyallup School District																							
275-003-596-62	Educational Technology and Engagement Center	1501 39th Avenue Southwest	Puyallup	Washington	Puyallup School District																							
275-003-596-37	Emerald Ridge High School	12405 184th St E	Puyallup	Washington	Puyallup School District																							

## Additional Information

The “Additional Information” section is important to complete, especially if submitting a claim. If you have another job outside the Puyallup School District, pay special attention to and answer the questions related to multiple employers.

**Additional Information**

Health Insurance Coverage, Medical Treatment and Location:  
Was your employer contributing to your and/or your family's medical, dental, and/or vision insurance on the date you were injured?  Yes  No

Treated for same/similar condition before  No

**Attending Healthcare Provider Details**

Name   
Address   
City   
State   
Zip

Do you consistently work overtime?  No  Yes  
Do you have more than one rate of pay?  No  Yes  
Do you have more than one employer?  No  Yes  
Rate of pay at this job   
Wage Rate Type   
Hours Per Day   
Days Worked Per Week   
Additional Earnings (daily average)   
Additional Earnings Type   
Did you receive a bonus within the last 12 months?  No  Yes

## Final Section and Submittal

The final section includes both required and voluntary information. You must check the “Medical Release Authorization” box and the “Legal Notice and Release” box to complete the form. Checking these boxes serves as an electronic signature (required).

At Puget Sound ESD and Puget Sound Workers' Compensation Trust, we value diversity. Our shared mission is Success for Each Child and Eliminate the Opportunity Gap by Leading with Racial Equity. We strive to ensure our policies, practices and procedures are inclusive and result in racially equitable outcomes. To offer you excellent service aligned with our mission, we are asking you to answer these questions. Please note, answering the following questions is optional. Information provided will allow us to serve you better.

Heritage  Hispanic or Latino  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 White  
 Native Hawaiian or Other Pacific Islander  
 Choose not to Self-Identify

Language Preference Written   
Language Preference Verbal

**Medical Release Authorization:**  
Pursuant to RCW 51.36.060, I hereby authorize my health care provider, hospital, agency or organization to disclose to my employer or my employer's representative or the Department of Labor and Industries any relevant medical records or other information regarding treatment which has previously been furnished to me.  
Please check the box below as it constitutes your electronic signature for the Medical release.

**Heritage definitions (select any that apply from list on the left)**

- Hispanic or Latino: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Check the box to opt into electronic communication.**  
In doing so, I acknowledge that I will receive all correspondence related to my worker's compensation claim electronically, and will only receive paper copies of documents that are legally required to be delivered in hard copy via U.S. mail. (checkbox below)

Electronic Communication

**Legal Notice and Release**  
LEGAL NOTICE: ANY PERSON CLAIMING BENEFITS UNDER THIS TITLE, WHO KNOWINGLY GIVES FALSE INFORMATION REQUIRED IN ANY CLAIM OR APPLICATION UNDER THIS TITLE SHALL BE GUILTY OF A FELONY OR A GROSS MISDEMEANOR IN ACCORDANCE WITH THE THEFT AND ANTICIPATORY PROVISION OF TITLE 9A RCW (RCW 51.48.020).  
I have read the legal notice. I declare that these statements are true to the best of my knowledge and belief.  
Please check the box below as it constitutes your electronic signature for the legal release.

If you prefer to receive all correspondence related to your workers' compensation claim electronically (via email), you should check the “Electronic Communication” box, as displayed below.

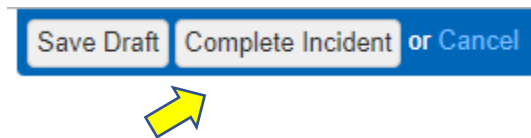
**Check the box to opt into electronic communication.**  
In doing so, I acknowledge that I will receive all correspondence related to my worker's compensation claim electronically, and will only receive paper copies of documents that are legally required to be delivered in hard copy via U.S. mail. (checkbox below)

Electronic Communication

**Legal Notice and Release**

## Completing and Submitting the Incident

Once the form is complete and the “Medical Release Authorization” and “Legal Notice and Release” statements are checked, the form can be completed and submitted. Look to the top right of the page and click the “Complete Incident” box. You will receive an email from PSWCT confirming the receipt of your report and claim, if applicable.



If you submitted a claim, you will also receive via email your claim number to provide to your medical care provider treating you for your injury, as well as other claim information.

## Converting your Report to a Claim

If you submitted an Accident/Incident Report indicating you did not or do not plan to seek medical care, then change your mind and do seek medical care, you will need to contact claims specialist staff at PSWCT to get assistance with converting your report to a claim. PSWCT claims specialist staff may be contacted at (425)917-7638.