INCIDENT REPORT



Please check incident referenced: **Student Injury [ ] Non-Employee Injury [ ] Property Damage [ ]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reported By: | | | Reported To: | | | | Telephone  In-person |
| Name of Student/Claimant: | | | | Time reported: | | | Date Reported: |
| Address: | | | | | | | |
| Contact Person: | Home Telephone: | | | | | Work Telephone: | |
| Place of School/Business: | | | | | | **Liability**   **Property** | |
| Date of Accident/Incident: | | Time of occurrence: | | | | **Property**  **Bodily Injury**  **Damage Student  Non-Employee** | |
| Location of Accident/Incident: | | | | | | | |
| Description of Accident/Incident: | | | | | | | |
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|  | | | | | | | |
| Description of Injury or Property Damage: (use additional sheets to list damaged property to include serial/make/model number and value of item) | | | | | | | |
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|  | | | | | | | |
| **Immediate Action:**  First-Aid Treatment by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent to Physician by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sent to School Nurse by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent to Hospital by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sent Home by ……….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Transported?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency vehicle? [ ] Yes [ ] No | | | | | Police/Fire Report: Yes \_\_\_\_ No\_\_\_\_ | | |
|  | | | | | Officer’s Name: | | |
|  | | | | | Name/Address of Witnesses: | | |
|  | | | | |  | | |
| Remarks/Comments: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Principal/Supervisor signature: Date: | | | | | | | |
| **Please send any documentation such as pictures, statements, etc…when submitting this form to your building principal. Thank you.** | | | | | | | |

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