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: |
|  |
|  |
| Description of Injury or Property Damage: (use additional sheets to list damaged property to include serial/make/model number and value of item) |
|  |
|  |
| **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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