



CONFIDENTIAL

Accident/Incident Reporting Form
(PLEASE PRINT OR TYPE)

School Site/Department: _____ Today's Date: _____

NAME OF INJURED PERSON: _____

Address: _____ Phone: _____

Birth date: _____ Student: _____ Non-Student: _____ Other: _____

IF NON-STUDENT OR OTHER, STATE WHY ON PREMISES: _____

DATE OF INJURY: _____ **TIME OF DAY:** _____ **Weather Problems?** _____

Location: _____

How did accident occur? (**FACTS ONLY – NO JUDGMENTS OF FAULT**) _____

Was any District Rule violated? Yes ___ No ___ **If yes, explain:** _____

DESCRIPTION OF INJURY: _____

CAUSE OF INJURY: _____

Employee in charge at time of accident: _____ as employee present? Yes ___ No ___

MEDICAL ATTENTION GIVEN: _____

Were parents or guardian contacted? Yes ___ No: ___ If Yes, who? _____

Disposition of injured person: Return to Class ___, Home ___, Doctor ___, Hospital ___

WITNESSES: Name Address Telephone

Name of Person completing this report: _____ **Phone:** _____

This form should be completed on all injuries to student or non-students (other than District employees) and routed to the District Office. In case of serious injury, please call District Office immediately and, as soon as possible, scan a copy to Christy Patterson, Executive Director at BSSP, cpatters@bssjpa.org, 530-879-7438.