



**CONFIDENTIAL**

**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@bsspjpa.org](mailto:cpatters@bsspjpa.org), 530-879-7438, and [erik@knakco.com](mailto:erik@knakco.com).