

General Liability/Educators Legal Liability/Auto Claims

Incident Report

Fax or Pony to Randy Cutright AND Dwayne Ellison

(Fax: 863-5367)

☐ Student Incident

☐ Visitor Incident

Incident Date: _____ **Time:** _____ **School:** _____

Student/Visitor: _____

Incident Information:

Describe in detail how incident occurred: _____

What was student/visitor doing at time of incident: _____

Were weather conditioners a factor? Yes/No Describe Conditions: _____

Name, address and phone number of all witnesses to the incident (use separate sheet if necessary):

Student/Visitor Information:

Name: _____ DOB: _____

Address: _____

_____ Home Telephone: _____

Injury Information:

Describe nature and extent of injury to each injured person _____

Was first aid given: Yes/No When and by whom: _____

Was injured transported from scene via ambulance: Yes/No Where were they taken: _____

Safety:

Contributing unsafe conditions, consider equipment/tools, housekeeping materials, etc: _____

Contributing unsafe acts: consider action(s) of all students, violation of rules/practices, etc: _____

Corrective action(s) recommended by Supervisor: _____

Prepared by:

_____ Date: _____

FAX OR PONY TO RANDY CUTRIGHT AND DWAYNE ELLISON

FAX : (502-863-5367)