

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
REPORT OF CITIZEN ACCIDENT

Type or Print. Fill out completely; give full details.

Full Name of Injured Person _____ Birth date _____

Email address _____ Sex _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Date of Accident _____ Time _____ AM _____ PM

Building where accident happened _____

Area of Building _____

Describe how accident happened _____

Witnesses to Accident –Names 1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Where treated? Name of Clinic/Dr. _____

Full Address _____ Phone _____

Signature of Person Filing Report _____

Building _____ Phone _____

Comments _____

Routing Directions:
1 copy to Business Office
1 copy for Principal

Building Concern _____
Operations _____