

**NEW HANOVER COUNTY SCHOOLS
INCIDENT/ACCIDENT REPORT**

Email Incident.reporting@nhcs.net in the office of
Eddie Anderson, Assistant Superintendent of Operations

Individual: Student Employee Visitor **Type of Incident:** Bodily Injury Property Damage Other

Date and Place of Accident

School or Dept. _____ Date of Incident _____

Time _____ Reporting Employee _____

Specific Location of Incident _____

Injured Person

Full Name _____ Grade _____ Age _____ Sex _____

Full Address _____

Parent/Legal Guardian Name(s) _____

Phone Number(s) _____

Injuries/Damage

Attended by _____

Officials called to the scene? Police Fire EMS Was person taken to a doctor/hospital? YES NO

If YES, how and by whom? Ambulance Parent/Guardian Other (specify) _____

The Accident

Describe fully how accident happened (include persons involved, cause of incident and staff response).

Obtain written, signed statements from injured person(s) and witnesses and attach to this form.

Was the equipment and/or environment unsafe? YES NO If yes, please explain

Notification

Was parent/guardian notified? YES NO If NO, why? _____

Name of parent/guardian notified _____ Time of notification _____

Name of staff member who notified parent _____

Was central office notified? YES NO If YES, who? _____

Was media on scene? YES NO If YES, who? _____

Witnesses

It is important that complete contact information of every person who knows anything about the accident be given (use additional sheets if necessary).

Name

Address

Phone No.

Date _____

Signature of Principal/Dept. Mgr. _____