

ACCIDENT REPORT

*****PLEASE COMPLETE BOTH SIDES OF THIS FORM*****

Report Date: _____ Status: Student ___ Employee ___ Visitor ___ Social Security No*: _____ - _____ - _____

Name of Injured: _____ Age: _____ Birth Date: _____ Male ___ Female ___

Address: _____ Phone: _____
 (Street) (City) (Zip) Full-time* _____
 Part-time* _____

Occupation*: _____ Dept. where regularly employed*: _____

Date of Accident: _____ Time of Accident: _____ AM or PM (circle one)

Where did Accident Occur: _____
 (Building or Grounds) (Address) (Location within Building or on Grounds)

Accident Reported to Whom: _____ By Whom: _____ on _____ (Date) at _____ (Time)

Nature of Injury and Part(s) of Body Affected *(Be specific and please complete reverse side):*

How Did Accident Occur *(Be specific -- include names of others involved if applicable.):*

Name of Witness: _____ Name of Witness: _____

Was First Aid Provided: Yes ___ No ___ By Whom (Name): _____

Returned to Class ___ Home ___ Other (Explain) _____

Transported to Medical Doctor? Yes ___ No ___ By Whom (Name): _____

Doctor's Name: _____ Address: _____

Transported to Emergency Dept? Yes ___ No ___ By Whom (Name) _____

Hospital: _____ Address: _____

EMPLOYEES ONLY

Did You OR Will You Miss Any Time From Work? Yes ___ No ___

If yes. What Time Did You Leave? _____ AM or PM (circle one) on _____ (Date)

If yes. What Date Will Or Did You Return? _____

STUDENTS ONLY

PARENT INFORMATION: Parent ___ Guardian ___ Name _____

Address: _____
 (Street) (City) (Zip)

Date Notified: _____ Time Notified: _____ AM or PM (circle one)

REQUIRED SIGNATURES	DATE
Signature of Injured Person*: _____	_____
Signature of Teacher/Supervisor/Coach: _____	_____
School Nurse: _____	_____
Form completed by: _____	_____
Principal: _____	_____
Assistant Superintendent for Business/Personnel: _____	_____

*DOES NOT APPLY TO STUDENTS

White Copy: Business Office Yellow Copy: Insurance Co. Pink Copy: School Records
12/97 forms\accidrpt.doc

For Office Use:
C2 _____
SAP _____

(Continued)

PLEASE SEPARATE SHEETS AND NOTE APPLICABLE NUMBERS ON EACH OF THE THREE COPIES

(NOTE: USING PEN, PLACE APPLICABLE NUMBER IN THE BOXES BELOW EACH COLUMN)

GENERAL ACTIVITY	SPECIFIC ACTIVITY	ACCIDENT AGENT	BODY PART INJURED	LOCATION
01 AFTER SCHOOL MEETING	01 ATTENDING CLASS	01 ANIMAL/INSECT	01 ABDOMEN	01 ADMIN. AREA
02 ATHLETIC TEAM EVENT	02 ATTENDING MEETING	02 AUTOMOBILE	02 RIGHT ANKLE	02 ARTS & CRAFTS
03 AUTHORIZED ACTIVITY (AFTER SCHOOL)	03 BASEBALL	03 BALL/BAT	03 LEFT ANKLE	03 ATHLETIC FIELD
04 AUTHORIZED ACTIVITY (BEFORE SCHOOL)	04 BASKETBALL	04 CURB	04 RIGHT ARM	04 AUDITORIUM
05 COMMUNITY FUNCTION	05 CARRYING	05 DOOR	05 LEFT ARM	05 BATHROOM
06 FIELD TRIP	06 CHEERLEADING	06 ELECTRIC	06 BACK (INCLUDING BACK MUSCLES)	06 BOILER ROOM
07 GOING TO/FROM CLASS	07 CLIMBING	07 FALLING/FLYING OBJECT	07 CHEST (INCLUDING INTERNAL ORGAN)	07 CAFETERIA
08 INSTRUCTION	08 DANCING	08 FENCE	08 RIGHT EAR	08 CLASSROOM
09 INTRAMURAL SPORTS	09 DRIVING	09 FIRE	09 LEFT EAR	09 CORRIDOR
10 LUNCHEON BREAK	10 ENTERING SCHOOL	10 FURNITURE	10 RIGHT ELBOW	10 GYMNASIUM
11 PHYSICAL EDUCATION	11 FIELD HOCKEY	11 GLASS	11 LEFT ELBOW	11 HOME ECONOMICS
12 RECESS	12 FIELD TRIP	12 HAND TOOLS	12 RIGHT EYE	12 KITCHEN
13 UNAUTHORIZED ACTIVITY	13 FIGHTING	13 LAB CHEMICALS	13 LEFT EYE	13 LOCKER ROOM
14 (AFTER SCHOOL) ACTIVITY	14 FOOTBALL	14 OTHER PERSON	14 FACE	14 OFF SCHOOL GROUNDS
15 UNAUTHORIZED ACTIVITY (BEFORE SCHOOL)	15 GOING TO BUS STOP			
16 SCHOOL NOT IN SESSION				
17 OTHER				
	16 GYMNASTICS	15 OTHER SCHOOL VEHICLE	15 RIGHT FINGER	15 OFFICES
	17 HORSEPLAY	16 OTHER STUDENT	16 LEFT FINGER	16 PARKING LOT
	18 ICE HOCKEY	17 PHYS. ED. EQUIPMENT	17 RIGHT FOOT	17 PLAYGROUND
	19 LACROSSE	18 PLAYGROUND EQUIPMENT	18 LEFT FOOT	18 POOL
	20 LEAVING BUS STOP	19 POWER MACHINERY	19 GROIN	19 ROOF
	21 LEAVING SCHOOL	20 POWER TOOL	20 RIGHT HAND	20 SCIENCE LAB
	22 LIFTING OBJECT	21 PRIVATE VEHICLE	21 LEFT HAND	21 SCHOOL BUS #
	23 ON SCHOOL BUS	22 SCHOOL BUS	22 HEAD	22 SCHOOL YARD
	24 RECESS	23 SHARP OBJECT	23 HEART	23 SHOP
	25 RUNNING	24 SIDEWALK	24 HIP	24 SHOWER
	26 SITTING	25 STAIRS/RAILING	25 RIGHT KNEE	25 SIDEWALK
	27 SMALL GROUP	26 STOVE	26 LEFT KNEE	26 STAIRS
	28 SOCCER	27 TREES/BUSHES	27 RIGHT LEG	27 STREET
	29 SPECTATOR	28 WINDOW	28 LEFT LEG	28 OTHER
	30 SKING	29 OTHER CONDITION OF PREMISES	29 LUNG	
	31 SWIMMING		30 NECK	
	32 TENNIS		31 NOSE	
	33 TETHERBALL		32 PELVIS	
	34 TRACK/FIELD		33 RIBS/TRUNK	
	35 TUMBLING		34 RIGHT SHOULDER	
	36 VANDALIZING		35 LEFT SHOULDER	
	37 VOLLEYBALL		36 TEETH/MOUTH/JAW	
	38 WALKING		37 TOE	
	39 WRESTLING		38 RIGHT WRIST	
	40 OTHER		39 LEFT WRIST	
	41 OTHER		40 OTHER	
GENERAL ACTIVITY	SPECIFIC ACTIVITY	ACCIDENT AGENT	BODY PART INJURED	LOCATION