

SERIOUS INCIDENT REPORT

Ann Arbor Public Schools 2555 S. State St. Ann Arbor, MI 48104

This report should be completed and filed with the Business Services office for property loss incidents and personal injuries to students and public individuals. *Employee injuries:* MIOSHA Form No. 101 should be completed for Workers' Compensation incidents and sent to Human Resources Services, 994-4517.

Complete for Theft / Property Loss:

Name of Claimant: _____ School/Dept.: _____

Date of Occurrence: _____ Time of Occurrence: _____ Police Report #: _____

Name of District Contact: _____ Phone Number: _____

Description of Incident (theft / property loss):

If requesting replacement of equipment, attach proof of original purchase or value of item.

Complete for Student Injury:

Injured Student: _____ Age: _____ Grade: _____ School: _____

Date of Occurrence: _____ Time: _____ School Phone: _____ Home Phone _____

Parent/Guardian: _____ Student Home Address: _____

Description of Injuries:

Were parents notified: _____ Did injured student go to the hospital: _____ First aid administered by whom: _____

What treatment was administered on-site: _____

If public injury, complete the following:

Injured Person: _____ Home Phone: _____

Address: _____ City/ST/Zip: _____

Description of Injuries:

What treatment was administered on-site: _____

Did injured person go to the hospital: _____ First aid administered by whom: _____

Principal/Supervisor's incident evaluation:

Were there contributing factors leading to this event: _____

If so, what could be done to prevent this from happening in the future: _____

Additional comments: _____

Person completing report: _____ Phone: _____ Date Reported: _____

Principal/Supervisor: _____ Name _____ Signature _____

Send this completed form and attachments to: Planning & Business Services- Balas I (994-2250)
(For more information on completing this form, please see the reverse side.) AAPSD/ST03-0003