

Tumwater School District Visitor Accident Report

1. Name _____ Phone _____
Home Address _____

2. Sex: M F Date of Birth: ___/___/_____

3. Building Name _____

4. Date of Accident _____ Time of Accident _____ Date Form Completed _____

5. Place of Accident: School Building School Grounds

6. What was the visitor doing when injured? _____

7. Describe how the incident happened. In completed this portion, please describe in sufficient detail how accident occurred. Use additional sheets if necessary. Report the facts of the incident.

8. What part of body was injured? _____

9. Describe injury _____

10. Witnesses: 1. Name _____ If a student, name of teacher _____
2. Name _____
(Provide phone number and/or address if not a student or staff member)

11. District Person in charge when accident occurred (Enter name and title) _____

12. Did s(he) witness the incident? Yes No

13. Was first-aid administered? Yes No

14. What was done? _____

15. By whom? _____ Title _____

16. 911 Called? Yes No Transported? Yes No

PRINCIPAL _____ Phone _____
(SIGNATURE)

Name of Person Completing This Form Title Phone

District/Administration Use Only		