

**HAMILTON UNIFIED SCHOOL DISTRICT**  
 620 Canal Street, P.O. Box 488, Hamilton City, CA 95951  
 P: (530) 826-3261 F: (530) 826-0440

**INCIDENT/INJURY REPORT FORM**

District personnel must complete this form following any safety or security incident that occurs on District property.  
***If you are a staff member and this is a medical incident – call MEDCOR immediately: 1-800-775-5866***  
***Member #: HAMIUNI***

Name:		Phone Number:	
School / Site Name:			
Exact Location of Incident:			
Date of Incident:		Are you an employee of the district: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you are an employee of the district, did you notify your immediate supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM		Email:	
<i>Type of Incident (check all that apply)</i>			
<input type="checkbox"/> Accident	<input type="checkbox"/> Computer Crime:	<input type="checkbox"/> Fire/Fire Alarm	<input type="checkbox"/> Medical/Illness
<input type="checkbox"/> Assault/Battery	<input type="checkbox"/> Contraband	<input type="checkbox"/> Fight	<input type="checkbox"/> Psychological
<input type="checkbox"/> Building Damage	<input type="checkbox"/> Drugs/Alcohol	<input type="checkbox"/> Graffiti	<input type="checkbox"/> Slip/Fall
<input type="checkbox"/> Burglary	<input type="checkbox"/> Fraternalization	<input type="checkbox"/> Harassment	<input type="checkbox"/> Threats
<input type="checkbox"/> Other (explain):			
Police Notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		Case #:	
		Fire Dept. Notified? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>Person(s) involved (use additional sheet if required)</i>			
Name:		Phone:	
Address:		Email:	
Name:		Phone:	
Address:		Email:	
<i>Describe the incident. If property is missing, include serial number if available (use additional sheet if required).</i>			
<i>If vehicle(s) involved (use additional sheet if required)</i>			
Driver's Name:		Owner's Name:	
Make:	Model:	Year:	
Plate #:	VIN:		
Insurance Agent:	Address:		
<i>Signature</i>			
Signature of Staff Member or Person Completing Report:			
Date:		Time:	

\*E-mail completed form along with scanned copies of any supporting documentation to [towne@hudschools.org](mailto:towne@hudschools.org), send original form to Jolene Towne at the District Office.