Albemarle County Public Schools

Accident Report

Name of School:

Student's Name: DOB: Grade:

Student Address:

Date: Time: Accident Location:

Describe signs and symptoms of injury:

How did accident occur?

List unsafe conditions:

Action taken:

Name of Parent/Guardian notified: By whom:

Parent/Guardian Phone Number: Time notified:

Who Transported Student: How:

Follow-up Recommendation for Parent/Guardian:

Name & title of person in charge at the time of accident:

Name of witness:

Follow-up report:

Signature & title of person completing report: Date:

Signature of principal: Date:

*Please send a copy of report to Kimberly Rhodes in Building Services Office