SNOQUALMIE VALLEY SCHOOL DISTRICT

INCIDENT/ACCIDENT REPORT FORM

TO BE USED FOR ALL NON-EMPLOYEE OCCURENCES

Date: _____

Person(s) Involved

☐ Student ☐ Visitor ☐ Other _____

SVSD Employee (Do not complete this form. Report the incident to your supervisor and call the Nurse Triage Helpline at 833-928-6877. PSESD will use the helpline to complete an incident report for the employee).

Name of Witness: _____

Name of Injured: _____

School: _____

Gender: _____ Age: _____ Grade: _____

Date of Occurrence: _____ Time of Occurrence: _____ ☐ AM ☐ PM

Nature of Injury
(check all that apply)

- ☐ Accidental
- ☐ Animal Bite/Sting
- ☐ Assault
- ☐ Assault w/Weapon
- ☐ Athletic Injury (After School)
- ☐ Athletic Injury (During School)
- ☐ Bio-Hazard Exposure
- ☐ Burn/Scald
- ☐ Chemical Exposure
- ☐ Chipped Tooth
- ☐ Choking
- ☐ Electrical Injury
- ☐ Eye
- ☐ Fall From Elevated Surface
- ☐ Fracture
- ☐ Hit by Foreign Object
- ☐ Horseplay
- ☐ Illness
- ☐ Laceration
- ☐ Medical Condition
- ☐ Puncture Wound
- ☐ Smashed
- ☐ Struck Stationary Object
- ☐ Trip/Slip
- ☐ Vocational

Body Part Injured
(check all that apply)

	Right	Left
Ankle	☐	☐
Arm	☐	☐
Back	☐	☐
Ear	☐	☐
Elbow	☐	☐
Eye	☐	☐
Face	☐	☐
Finger	☐	☐
Foot	☐	☐
Hand	☐	☐
Hip	☐	☐
Knee	☐	☐
Leg	☐	☐
Mouth	☐	☐
Nose	☐	☐
Wrist	☐	☐

Other_____

Location

- ☐ Auditorium
- ☐ Bus/Bus Stop
- ☐ Cafeteria
- ☐ Classroom
- ☐ Gym
- ☐ Hallway
- ☐ Library
- ☐ Locker Rm
- ☐ Off Campus
- ☐ Parking Lot
- ☐ Playground
- ☐ Restroom
- ☐ School Grounds
- ☐ _____Shop
- ☐ _____Field
- ☐ Other_____

Description of Occurrence as Witnessed
(if caused by machinery or equipment please explain)

Additional Witness:

Name:_____ Phone #_____

Supervisor in charge when incident occurred

Name:_____ Title: _____

Present at time of occurrence ☐ Yes ■ No

Phone: _____ Email: _____

Witnessed by: _____ Email: _____

Action Taken	By Whom	Specify Action Taken and Care Provided
☐ First Aid Treatment	_____	
☐ Sent to School Nurse	_____	
☐ Ambulance Called	_____	
☐ Sent to Hospital	_____	
☐ No Treatment	_____	
☐ Called Parents/Guardian	_____	
☐ Sent Home	_____	
☐ Other	_____	
_____		

Site Nurse(or individual who provided care): _____ Email: _____

Site Administrator's/Supervisor's Report (REQUIRED)

_____ _____

Site Administrator's Signature Date

_____ _____

District Office Review Date

REV MAY 2025