# Accident/Incident Report

Snohomish School District No. 201, Snohomish, WA 98290

***This form should be completed in black ink or typewritten within 24 hours of the accident/incident.***

*Do not have the injured party complete this form.*

| **Injured Party** | **Parent Name (if a minor)** | **Is the Injured party:** ☐ SSD Student ☐ Other:_____ |
|---|---|---|
| **Accident/Incident Date** | **Date Reported** | **Time of Accident/Incident** |
| **Address** | **City** | **State** **ZIP** |
| **Telephone** Home: Work: | **Sex** ☐ Male ☐ Female | **Date of Birth** **Age** |
| **Staff Member in Charge** | **Was He/She Present at The Scene?** ☐ **Was He/She A Witness?** ☐ | (If Student) **School** **Grade** |

**Place of Accident/Incident** (site and exact location accident/incident took place)

**Describe What Happened** (include where on the premises and type of apparatus involved)

**Description of Injury** (include body part(s) affected and nature of injury/damage)

**Contributing Factors** (any other persons involved; include mechanical, physical, personal, and environmental conditions)

**List Any Witnesses** (include name and contact number)

**Persons Notified** (including aid car/ambulance/police)

**Action Taken** (first aid or other medical follow-up)

**Was 911 called?** ☐ **No** ☐ **Yes** **Was person transported for medical care?** ☐ **No** ☐ **Yes**

**By whom:** ☐ **911** ☐ **Parent** ☐ **Other**_____

**Name of treating physician/medical facility:**_____

**Follow-Up**

**Corrective Measures and/or Recommendations**

| ***Signature of Individual Completing Report*** | **Location** | **Date** |
|---|---|---|
| ***Signature of Location Administrator*** | **Title** | **Date** |