



Richland-Bean Blossom Community School Corporation

EDGEWOOD SCHOOLS

ACCIDENT / INCIDENT REPORT

Victim's Name: _____ Date of Report: _____

STATUS: Employee: _____ Other: (Specify) _____

Home Address: _____

Date of Accident/Incident: _____ Specific Location: _____

Description (Who-What-When-Where-How?): _____

Witnesses: _____

Other School Corporation Personnel Present: _____

Describe Any First Aid Given: _____

Was Case Referred To A Physician: Y / N If Yes, When: _____

If No, Why? (Circle 1) Injury not severe Self Declined - _____

Sign and Date

Other: _____

Name of Physician: _____

Removed From School: Y / N By Whom: _____

Relationship to the victim: _____

Removed When: _____ Taken Where: _____

Reported By: _____ Signature: _____

Principal: _____ Signature: _____

PLEASE NOTE: This form MUST be SAVED or PRINTED before emailing. Please immediately email (or fax) **Robin May** at Central Office: **rmay@rbbschools.net** (email is preferred) fax 812-876-7020

Revised: Jan 17, 2025