

**Plymouth Joint School District**

**Accident/ Incident Report**

[Copy to Building, Copy to District Office]

Use for all except district employees. Employees use Worker's Compensation Form

**Name of person involved in accident/injury** \_\_\_\_\_

Report filed by \_\_\_\_\_

Date of Report \_\_\_\_\_ Date of accident/incident \_\_\_\_\_

If student, parent/guardian name \_\_\_\_\_

Address (street, city, state) \_\_\_\_\_

Phone \_\_\_\_\_ Grade, if student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Where did the accident/incident occur? \_\_\_\_\_

Time of accident/incident \_\_\_\_\_

If student, was he/she directly supervised at the time? \_\_\_\_ yes \_\_\_\_ no

If yes, supervisor's name \_\_\_\_\_

Describe activity at the time of accident/ incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the cause, nature and extent of the injury, if appropriate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If injured, what was the object or substance that directly injured the person? \_\_\_\_\_

\_\_\_\_\_

Indicate medical treatment provided:

First Aid by direct supervisor \_\_\_\_\_

First Aid by nurse/nurse aide \_\_\_\_\_

First Aid by others, describe \_\_\_\_\_

Treated by a doctor? \_\_\_\_ yes \_\_\_\_ no

Doctor's name/clinic and number \_\_\_\_\_

Was the victim hospitalized? \_\_\_\_ Where? \_\_\_\_\_

Date and time of parent notification \_\_\_\_\_

If student, amount of school missed \_\_\_\_\_

Other Comments (include suggestions to prevent a recurrence)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Initials \_\_\_\_\_

Date \_\_\_\_\_

Report Filed with District

Insurance Carrier?

Date \_\_\_\_\_

Initials \_\_\_\_\_