



Member of Liberty Mutual Group

Standard School Incident Report

| | | | |
|-----------------------|--|---|---|
| Name of School | | School District | |
| Name of Injured Party | | Date of Accident | Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm |
| Address | | Age | Sex |
| | | Grade or Position | |
| | | Status <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Trespasser <input type="checkbox"/> Other, describe: | |

Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)

| | | |
|------------------|---------|------------------|
| Witness Name – 1 | Address | Telephone Number |
| Witness Name – 2 | Address | Telephone Number |
| Witness Name – 3 | Address | Telephone Number |

| Location | | Type of Injury | | Body Part(s) Affected | |
|---|---|--|--|---|---------------------------------|
| <input type="checkbox"/> Athletic Field | <input type="checkbox"/> Office | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Finger |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Playground | <input type="checkbox"/> Amputation | <input type="checkbox"/> Electrical Shock | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Restroom | <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> Laceration | <input type="checkbox"/> Arm | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Bite (Animal or Insect) | <input type="checkbox"/> Fracture | <input type="checkbox"/> Back | <input type="checkbox"/> Head |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Swimming Pool Area | <input type="checkbox"/> Bite (Human) | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Chest | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Stairs (Inside) | <input type="checkbox"/> Burn (Chemical) | <input type="checkbox"/> Puncture | <input type="checkbox"/> Ear | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Stairs (Outside) | <input type="checkbox"/> Burn (Heat) | <input type="checkbox"/> Repetitive Motion | <input type="checkbox"/> Eye | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Theater or Stage | <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain/Strain | <input type="checkbox"/> Face | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Locker Room | <input type="checkbox"/> Vocational Shops | <input type="checkbox"/> Other (describe) | | <input type="checkbox"/> Other (describe) | |
| <input type="checkbox"/> Maintenance Area | <input type="checkbox"/> Off-Premises | | | | |
| Other _____ | | | | | |

| Immediate Action Taken | |
|---|--|
| <input type="checkbox"/> None | |
| <input type="checkbox"/> First Aid provided. | Given by: _____ |
| <input type="checkbox"/> Medical Ambulance called. | Time of Call: _____ By: _____ |
| <input type="checkbox"/> School Nurse notified. | Time of Call: _____ By: _____ |
| <input type="checkbox"/> Parent/Guardian notified. | Time of Call: _____ By: _____ |
| <input type="checkbox"/> Name of Parent/Guardian notified: | _____ |
| <input type="checkbox"/> Parents/Guardian Telephone Number: | _____ (Home) _____ (Work) |
| <input type="checkbox"/> Injured person released to | <input type="checkbox"/> Self <input type="checkbox"/> Home <input type="checkbox"/> Class <input type="checkbox"/> Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Time released: | _____ |

Report Completed By: _____ Title: _____
 Date: _____ Telephone Number: _____

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.