

**REGION TWO ACCIDENT REPORT**

Standard Accident Form

Part A: Information on ALL Accidents

1. Name: \_\_\_\_\_ Home Address: \_\_\_\_\_
2. School: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age: \_\_\_ Grade: \_\_\_
3. Time Accident Occurred: \_\_\_\_\_ A.M. \_\_\_ P.M. \_\_\_ Date: \_\_\_\_\_
4. Place of Accident: School Building \_\_\_ School Grounds \_\_\_ Home \_\_\_  
 To or From School \_\_\_ Elsewhere \_\_\_\_\_

<u>5. Nature of Injury</u>	<u>Part of Body Injured</u>	
Abrasion _____	Abdomen _____	Foot _____
Amputation _____	Ankle _____	Hand _____
Asphyxiation _____	Arm _____	Head _____
Bite _____	Back _____	Knee _____
Bruise _____	Chest _____	Leg _____
Burn _____	Ear _____	Mouth _____
Concussion _____	Elbow _____	Nose _____
Cut _____	Eye _____	Scalp _____
Dislocation _____	Face _____	Tooth _____
Other (specify) _____	Finger _____	Wrist _____
	Other (specify) _____	

Description of the Accident

How did the accident happen? What was the person doing? Where was he/she?  
 List specifically unsafe acts and unsafe conditions existing. Specify tool, machine  
 or equipment involved.

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6. Degree of injury: Death \_\_\_ Permanent Impairment \_\_\_ Temporary  
 Disability \_\_\_ Non-disabling \_\_\_

7. Total number of days lost \_\_\_ (To be filled in upon return)

**Part B: Additional Information**

8. Person in charge when accident occurred: \_\_\_\_\_  
Present at scene of accident: Yes \_\_\_\_\_ No \_\_\_\_\_

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**9. Immediate Action Taken**

First -Aid treatment: \_\_\_\_\_ By: \_\_\_\_\_

Sent Home: \_\_\_\_\_ By: \_\_\_\_\_

Sent to School Nurse: \_\_\_\_\_ By: \_\_\_\_\_

Sent to Physician: \_\_\_\_\_ By: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Sent to Hospital: \_\_\_\_\_ By: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

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10. Was a parent/guardian notified: Yes \_\_\_\_\_ No \_\_\_\_\_

When: \_\_\_\_\_

How: \_\_\_\_\_

By Whom: \_\_\_\_\_

**11. Witnesses:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

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12. Location: \_\_\_\_\_

13. Was this captured on video: \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Specific Activity: \_\_\_\_\_

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**REMARKS: What recommendations do you have for preventing other accidents of this type:**

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\_\_\_\_\_

Signed: School Official \_\_\_\_\_ Person in Charge \_\_\_\_\_

First Reading: NOVEMBER 24, 2015

Second Reading: JANUARY 19, 2016