

## **Accident/Incident Report**

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