



# ROCHESTER CITY SCHOOL DISTRICT INCIDENT/ACCIDENT REPORT

Rev Nov. 2016

[For students / employees / visitors]

**Individual:** Student  Employee  Visitor  **Type of Incident:** Bodily Injury  Property Damage  Other

### Date and Place of Accident

School or Dept. \_\_\_\_\_ Date of Incident \_\_\_\_\_  
Time \_\_\_\_\_ Reporting Employee \_\_\_\_\_  
Specific Location of Incident \_\_\_\_\_

### Injured Person

Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Full Address \_\_\_\_\_  
Parent/Legal Guardian Name(s) \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

### Injuries/Damage

Officials called to the scene? Police  Fire  EMS  Was person taken to a doctor/hospital? YES  NO   
If YES, how and by whom? Ambulance  Parent/Guardian  Other (specify) \_\_\_\_\_

### The Accident

Describe fully how accident happened (include persons involved, cause of incident and staff response).  
**Obtain written, signed statements from injured person(s) and witnesses and attach to this form.**

Was the equipment and/or environment unsafe? YES NO If yes, please explain

### Notification

Was parent/guardian notified? YES NO If NO, why? \_\_\_\_\_  
Name of parent/guardian notified \_\_\_\_\_ Time of notification \_\_\_\_\_  
Name of staff member who notified parent \_\_\_\_\_  
Was central office notified? YES NO If YES, who? \_\_\_\_\_  
Was media on scene? YES NO If YES, who? \_\_\_\_\_

### Witnesses

It is important that complete contact information of every person who knows anything about the accident be given (use additional sheets if necessary).

Name Address Phone No.

**Signature of Principal/Dept. Mgr.** \_\_\_\_\_ **Date** \_\_\_\_\_

Print, sign and date form. Fax completed report to the Law Department - 262-8625. If the incident/accident involves an employee injury, please fax a copy to the District's Risk Manager at Central Office.