



# ROCHESTER CITY SCHOOL DISTRICT INCIDENT/ACCIDENT REPORT

**Complete Immediately.**

Email to Alison Moyer at the Department of Law: [alison.moyer@rcsdk12.org](mailto:alison.moyer@rcsdk12.org)

<b>INCIDENT/ACCIDENT</b>	
Date of incident	Time of incident
Location of incident (be specific)	
What agencies responded <input type="checkbox"/> None <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Other (please describe): _____ If agency responded, please provide report number: _____	
Were photographs taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, email photographs to <a href="mailto:alison.moyer@rcsdk12.org">alison.moyer@rcsdk12.org</a> . If no, and if incident involves injury/pain or motor vehicle damage, please take photographs. Was the incident recorded on RCSD video/surveillance system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, contact the Office of School Safety and Security at (585) 262-8600 to preserve the video	

<b>PERSON(S) INVOLVED</b>		
<b>(If there is more than one person reporting/injured/claiming damage, complete this section for each person)</b>		
Description of person: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other (please describe): _____		
Name	DOB	ID# (employee or student)
Address	Phone	Email
Person's description of incident		
Did person report/notify anyone after incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ If yes, when was person notified? <input type="checkbox"/> Immediately <input type="checkbox"/> Other (please describe): _____		
<b>IF THERE IS AN INJURY/PAIN COMPLETE THIS SECTION</b>		
Person's description of injuries sustained, pain in any body part (be specific – list all body parts where pain or injury exists)		
Describe medical treatment provided to the person immediately after incident (at location of incident, in nurse's office, etc.)		
Describe any other medical treatment obtained, including dates/times and locations of treatment		
If the incident was a slip or fall, describe the footwear worn by the person	If the incident was a slip or fall, list any items the person was carrying	

IF THERE IS VEHICLE OR PROPERTY DAMAGE COMPLETE THIS SECTION				
Name of property owner (if different than reporting person)			Owner ID# (employee or student)	
Owner address		Owner phone		Owner email
If vehicle, list year	If vehicle, list make/manufacture	If vehicle, list model	If vehicle, list license plate number (ex: NY ABC 1234)	
Description of other property damaged (manufacturer/brand, model, model/serial number, etc.)				
Owner or reporting person's description of damage to property including estimate of value of property and monetary amount of damage, if known (be specific)				

WITNESSES (If more than two witnesses, attach additional pages)		
Name of witness		District employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness phone	Witness email	Witness address (if non-employee)
Witness description of incident (be specific)		
Name of second witness		District employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness phone	Witness email	Witness address (if non-employee)
Second witness description of incident (be specific)		

TO BE COMPLETED BY DISTRICT EMPLOYEE WHO RECEIVED REPORT OF INCIDENT/ACCIDENT		
Employee name	Phone	School/Department
Employee's observations of incident and location (be specific)		
Employee's observations of involved person (if any)		
If involved person was a student, was parent/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who? _____ When? _____ List phone number/method of contact _____		
Did you provide parent/guardian with student accident insurance information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date report prepared	Employee signature	

TO BE COMPLETED BY SCHOOL PRINCIPAL, DIRECTOR, OR SUPERVISOR	
Name	Signature
Date	<b>PLEASE EMAIL COMPLETED REPORT TO <a href="mailto:alison.moyer@rcsdk12.org">alison.moyer@rcsdk12.org</a> CONTACT DEPT. OF LAW AT (585) 262-8412 WITH QUESTIONS</b>