

Operational Services

Exhibit - Accident or Injury Form

The supervisory staff member must complete this form for submission to the Superintendent whenever any person is injured on District property or at a District-sponsored event.

Name of injured person \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Class, activity, or event \_\_\_\_\_

Accident location \_\_\_\_\_

Accident date \_\_\_\_\_ Time of accident \_\_\_\_\_

\_\_\_\_\_

How did the accident occur? (Describe sequence of events) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact notified?  Yes  No If no, explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, provide the following:

Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Time and method of contact \_\_\_\_\_ By whom \_\_\_\_\_

Witnesses Information

Name	Address	Telephone

First aid administered?  Yes  No

If yes, describe first aid administered and by whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date