

# Report of Visitor Accident/Injury on School Grounds/Facilities

Injured Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Facility or Grounds where accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Injury: \_\_\_\_\_

Date injury was reported to you: \_\_\_\_\_ Exact time reported to you: \_\_\_\_\_

Who reported the accident: \_\_\_\_\_

Describe the accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific body part injured: \_\_\_\_\_

Type of injury (puncture, sprain, etc.): \_\_\_\_\_

Was first aid required? \_\_\_\_\_ Was a doctor's treatment required? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Witnesses? ( ) Yes ( ) No Name(s) \_\_\_\_\_

Witness statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please route this form to the District Office Finance Assistant