

EMPLOYEE     PATRON  
 STUDENT

David Douglas School District No. 40

**INCIDENT REPORT**

A reportable incident is an accident or sudden illness occurring to an employee, patron or student while on district premises resulting in damage to property or suspected bodily harm that may require first aid and possible medical attention.

**INJURED PERSON INFORMATION**

NAME  DATE OF INCIDENT:  TIME OF INCIDENT   AM  PM

ADDRESS  IF EMPLOYEE, JOB TITLE:  SCHOOL / BUILDING:

PHONE NUMBER  STUDENT ID #:   MALE WAS MEDICAL TREATMENT SAUGHT?  TYPE OF INSURANCE:   
 FEMALE

**INCIDENT SCENE**

**CAUSE OF INJURY**

**INCIDENT TYPE**

**NATURE OF INJURY**

**PART OF BODY**

<input type="radio"/> Athletic Field	<input type="radio"/> Altercation	<input type="radio"/> Bitten	<input type="radio"/> Black Eye	<input type="radio"/> No Apparent Injury
<input type="radio"/> Bus	<input type="radio"/> Animal / Insect	<input type="radio"/> Bodily Reaction	<input type="radio"/> Bruise / Bump	<input type="radio"/> Head / Neck
<input type="radio"/> Bus Garage	<input type="radio"/> Athletic Equipment	<input type="radio"/> Choking	<input type="radio"/> Burn	<input type="radio"/> Back / Ribs
<input type="radio"/> Bus Stop	<input type="radio"/> Bodily Motion (Self)	<input type="radio"/> Electrical Shock	<input type="radio"/> Concussion	<input type="radio"/> Abdomen
<input type="radio"/> Cafeteria	<input type="radio"/> Bodily Motion (Others)	<input type="radio"/> Fall	<input type="radio"/> Cut / Gash / Scratch	<input type="radio"/> Chest
<input type="radio"/> Classroom	<input type="radio"/> Chemicals	<input type="radio"/> Over Exertion	<input type="radio"/> Dislocation	<input type="radio"/> Mouth / Teeth
<input type="radio"/> Gym	<input type="radio"/> Collision	<input type="radio"/> Pushed	<input type="radio"/> Fainting / Unconscious	<input type="radio"/> Nose
<input type="radio"/> Hallway	<input type="radio"/> Electrical	<input type="radio"/> Poisoning	<input type="radio"/> Fracture	<input type="radio"/> Respiratory System
<input type="radio"/> Grounds	<input type="radio"/> Class / Play. Equip.	<input type="radio"/> Poke / Stab	<input type="radio"/> Multiple Injuries	Eye <input type="text"/>
<input type="radio"/> Office	<input type="radio"/> Seizure	<input type="radio"/> Struck	<input type="radio"/> Pulled Muscle	Arm / Elbow <input type="text"/>
<input type="radio"/> Playground	<input type="radio"/> Slip / Trip	<input type="radio"/> Tackled	<input type="radio"/> Puncture	Hand / Wrist <input type="text"/>
<input type="radio"/> Restroom	<input type="radio"/> Steps / Stairs	Other <input type="text"/>	<input type="radio"/> Sprain	Knee / Leg <input type="text"/>
<input type="radio"/> Stairs	<input type="radio"/> Vehicle		<input type="radio"/> Twist / Jar / Jam	Foot / Toes <input type="text"/>
Other <input type="text"/>	Other <input type="text"/>		Other <input type="text"/>	Other <input type="text"/>

**DESCRIBE INCIDENT (PLEASE BE SPECIFIC)**

Witness Name  Supervising Staff Present

**IMMEDIATE ACTION TAKEN**

**FOLLOW-UP PROCEDURES DONE**

First Aid Treatment  YES  NO

Provided by:

Type of Treatment:

Sent Home:  YES  NO    Called 911:  YES  NO    If 911 called, was Business Manager Notified?  YES  NO

Report completed by:  Date:

**OFFICE USE ONLY**

Principal / Supervisor  Date:

Business Director  Date: