

Vallivue School District 139
SCHOOL ACCIDENT REPORT



School name and address _____
Phone _____

INCIDENT INFORMATION

Date _____ Time _____ School _____
Exact location where the incident occurred _____

INJURED

Name _____ Age _____
Parent or Guardian _____
Address _____
Phone numbers: Home _____ Work (Name) _____ Cell _____

DESCRIBE INCIDENT IN DETAIL(attach additional sheet if necessary)

DESCRIBE INJURY OR ILLNESS _____

Doctor or treating facility _____ Phone _____

PROPERTY DAMAGE

Owner of damaged property _____
Address _____ Phone _____
Describe the property and the damages _____

WITNESSES

Name _____ Phone _____
Address _____
Comments _____

Name _____ Phone _____
Address _____
Comments _____

DESCRIBE THE CONDITIONS/ACTIONS THAT CAUSED OR CONTRIBUTED TO THE INCIDENT

DESCRIBE THE ACTION(S) THAT HAVE BEEN TAKEN TO PREVENT A RECURRENCE

Reported by: Name _____ Date _____
Title _____ Phone _____

Retain Report

Minor Injury - 1 Year Moderate Injury - 3 Years Serious Injury - Age of Majority +1 Year