

Incident/Accident Report

Date & Place of Accident ⇒ School or Department:				Date:
⇒ Specific Location:	Time:	Reporting	Employee:_	
njured Person				
⇒ Name:		Grade:	Age:	Sex:
⇒ Address:				
⇒ Parent/Legal Guardian Nam	e(s):			
→ Phone Number(s):				
Describe fully how accident happe esponse).	` '	•		nt and staff
attended by:	Officials calle	ed on scene: P	oliceEMS	SFireN/
Attended by: Vas the equipment and/or enviror	Officials callenment unsafe? YES_	ed on scene: F	oliceEMS es, please exp	SFireN/ plain.
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