

# ALEUTIANS EAST BOROUGH SCHOOL DISTRICT

PO Box 429, SAND POINT, AK 99661  
PHONE 907.383.5222 FAX 907.383.3496

## ACCIDENT REPORT FORM

Name of Injured \_\_\_\_\_ or item \_\_\_\_\_

Injured Address \_\_\_\_\_ Phone # \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Principal \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

Time of Accident \_\_\_\_\_ am/pm Teacher on Duty \_\_\_\_\_

Description of Accident: How and where did it occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of the Injury \_\_\_\_\_

\_\_\_\_\_

Description of activity engaged in at the time of the accident: (If athletics, name of sport and whether practice for participation in interscholastic, intermural, or other) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe action(s) taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses \_\_\_\_\_

\_\_\_\_\_ Reported To \_\_\_\_\_

Was Parent Notified? \_\_\_\_\_ What Time? \_\_\_\_\_ am/pm Date \_\_\_\_\_

If an Item Was Involved – Recommendation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature – report submitted by*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature – Principal or Principal/Teacher*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signature – Superintendent*

\_\_\_\_\_  
Date