

# Rome City Schools SCHOOL ACCIDENT REPORT

Injured Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
School: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent's Address: \_\_\_\_\_ City: \_\_\_\_\_

## Accident Information

Time of accident \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Date: \_\_\_\_\_  
Supervised activity? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, person in charge: \_\_\_\_\_

## Description of Injury

Please describe the injury in your own words including part of the body injured (head, nose, elbow, shoulder, knee, etc.) and the type of injury (burn, bruise, cut, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Kind of accident (please check)

- \_\_\_\_\_ Animal bite or insect bite
- \_\_\_\_\_ Collision with student
- \_\_\_\_\_ Contact with hot or toxic substance
- \_\_\_\_\_ Fall or slip
- \_\_\_\_\_ Fighting
- \_\_\_\_\_ Struck by auto, bike, etc.
- \_\_\_\_\_ Struck by object (swing, etc.)
- \_\_\_\_\_ Student collided with object (door, etc.)
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Where accident happened (please check)

- \_\_\_\_\_ Athletic field
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Classroom
- \_\_\_\_\_ Gym
- \_\_\_\_\_ Hallway
- \_\_\_\_\_ Playground
- \_\_\_\_\_ Restroom
- \_\_\_\_\_ School bus
- \_\_\_\_\_ Stairway
- \_\_\_\_\_ To or from school
- \_\_\_\_\_ Vocational shops and labs
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Contributing Causes

### Environmental factors

- \_\_\_\_\_ Crowding
- \_\_\_\_\_ Doors
- \_\_\_\_\_ Drinking fountain
- \_\_\_\_\_ Equipment
- \_\_\_\_\_ Floors
- \_\_\_\_\_ Hard surface
- \_\_\_\_\_ Lighting
- \_\_\_\_\_ No handrail
- \_\_\_\_\_ Weather
- \_\_\_\_\_ Other \_\_\_\_\_

### Human factors

- \_\_\_\_\_ Active game
- \_\_\_\_\_ Fatigue
- \_\_\_\_\_ Fighting
- \_\_\_\_\_ Horseplay
- \_\_\_\_\_ Lack of training/experience
- \_\_\_\_\_ Preoccupation
- \_\_\_\_\_ Running
- \_\_\_\_\_ Violation of rules
- \_\_\_\_\_ Other \_\_\_\_\_

### Agents

- \_\_\_\_\_ Animal or insect
- \_\_\_\_\_ Electricity
- \_\_\_\_\_ Fire
- \_\_\_\_\_ Gases
- \_\_\_\_\_ Liquids
- \_\_\_\_\_ Recreation equipment
- \_\_\_\_\_ Pencil
- \_\_\_\_\_ School equipment
- \_\_\_\_\_ Student
- \_\_\_\_\_ Vehicle
- \_\_\_\_\_ Solids

