

ACCIDENT/ INCIDENT REPORT  
USD 384

Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Student \_\_\_\_\_ Grade/Age \_\_\_\_\_ Employee \_\_\_\_\_ Position \_\_\_\_\_

Date & Time of Accident/Incident \_\_\_\_\_ School \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_ Classroom \_\_\_\_\_ Playground \_\_\_\_\_ Office  
\_\_\_\_\_ Hallway \_\_\_\_\_ Parking Lot \_\_\_\_\_ Gym  
\_\_\_\_\_ To or From School \_\_\_\_\_ Restroom \_\_\_\_\_ Home  
\_\_\_\_\_ Athletic Field \_\_\_\_\_ Locker room \_\_\_\_\_ Bus  
\_\_\_\_\_ Other \_\_\_\_\_

Did accident/incident occur during sports practice/game? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which sport? \_\_\_\_\_

How did the accident/incident occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe nature and location of bodily injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was First Aid given? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, who provided the first aid \_\_\_\_\_

Please describe the type of aid provided \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was further medical attention needed? (ie, sent to doctor, Emergency Room, etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For a Student: Was a Parent/Guardian notified?  Yes  No  
Who was called? \_\_\_\_\_ Time notified \_\_\_\_\_  
By Whom? \_\_\_\_\_ If No, explain why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student left school in care of \_\_\_\_\_

Parent/Guardian/Employee informed of school insurance policy.  Yes  No

Additional Remarks/Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to accident/Incident

1. \_\_\_\_\_
2. \_\_\_\_\_

Witness Comments (optional, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Signature of Person completing Accident/Incident Report

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*Note: If this occurrence resulted in BBP exposure, refer to district's BBP policy and First Aid Report form*