

INCIDENT

ACCIDENT

REPORT

THIS REPORT IS FOR THE CONFIDENTIAL USE OF LARMA AND OF ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN

SCHOOL BOARD/PARISH		The state of the s	SCHOOL		-1979		
DeSoto Parish School Board						***************************************	
SCHOOL ADDRESS			PHONE NO.	OF SCHOOL			
INJURED NAME		PARENT'S NAM	ME (if applicable)	AGE	GRADE	
Student Address:		L		ominate of the second	PHONE NO.		
MANDANTORY INFORMATION: SOCIA	I SECURITY N	IIMRER AND I	DATE OF RIR	TH OF CLAIMAIN	T·		
MINDING ON THE COMMENT OF THE COMMEN	<u> </u>	CONDENT THE P	DATE OF BANK	TOT CLAIMENT		Carlo VIII	
Where did the accident happen?				DATE		TIME	
HOW DID ACCIDENT OCCUR? AND NATURE OF	FINJURY						
Was first aid applied?	BY WHOM?			DISPOSITION	OF STUDENT (RE	TURN TO CL	ASS. HOME.
Yes No							,
DOES INJURED HAVE INSURANCE?			NAME OF IN	I SURANCE COMPAN	У		
Yes No			and an annual section of the section	1			
WAS THERE SUPERVISION? Yes No	EXPLAIN BELO)W		-			-
	•						
	WITNESS	SEC POSCENIT A		ACT OF LITE			
WITNESSES PRESENT A NAME AL			DRESS		PHONE NO.		
		ar and a second					
HAVE PARENTS CONTACTED SCHOOL? IF		S CONTACTED E	BY SCHOOL?	IF YES EXPLAIN.	1		HEY WOULD ET
YES EXPLAIN BELOW. Yes No	BELOW.	Yes	☐ No		CONTACTE		No No
	22.11 20.012.02.2.02.2.00.00.00.00.00.00.00.00.00.0	AN ALCOHOLOGICA DE LA GLANDICA DE LA		Excensional discussion by the second second			
	Incare and		In the	DOTALSTO 41			IDATE
REPORT SUBMITTED BY	POSITION		DATE	PRINCIPAL			DATE
	1						