

STUDENT ACCIDENT/INCIDENT REPORT

Name: _____ Student Number: _____

Address: _____

Home Address (if different from above): _____

Date of Accident: _____ Time of Accident: _____

Was the location of the accident: Within the facility Building: _____ Room #: _____

Outside (exact site of accident): _____

Detailed description of accident:

Was medical attention required? Yes No

Describe injury or condition:

Property Damage:

Owner: _____ Phone: _____

Address: _____

Describe Property: _____

Describe Damage: _____

Miscellaneous (relevant information not included above):

Signature: _____ Date: _____

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