

Injury Report
(non-employee/non-student)

CONFIDENTIAL-ATTORNEY/CLIENT WORK PRODUCT PRIVILEGE: This report is to be completed by school district employees. This form is a confidential, internal, document; **its contents are not to be shared or copied for any persons who are not school district employees and/or their legal representatives).**

Name of injured party: _____

Address and / or phone #: _____

Report completed by: _____

Witness name(s): _____

Date of Injury: _____ Time of Injury: _____ School/Dept: _____

Where did injury occur (please be specific): _____

Describe how accident occurred, if known, or what you observed: _____

Indicate last known status of injured party (e.g.; transported by ambulance, etc.): _____

Describe conditions at the time of the accident and any contributing factors (e.g.; sidewalk wet from rain, injured party was not wearing appropriate footwear, etc.): _____

Contact site administrator or Risk Management if you suspect inspection or repairs needed!

Site administrator signature: _____ Date: _____

Please send original to Risk Management