

## ACCIDENT INCIDENT REPORT FORM

Use this document to report accidents, medical emergencies, injuries, unlawful activities, traffic issues, or student behavior incidents. Complete this report within 24 hours of the event.

**Date of Report:** \_\_\_\_\_, 20\_\_\_\_

### PERSON(S) INVOLVED

1. **Full Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
  - **Identification:**  Driver's License No. \_\_\_\_\_  
 Passport No. \_\_\_\_\_  Other: \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Email:** \_\_\_\_\_

2. **Full Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
  - **Identification:**  Driver's License No. \_\_\_\_\_  
 Passport No. \_\_\_\_\_  Other: \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Email:** \_\_\_\_\_

3. **Full Name:** \_\_\_\_\_
- Address:** \_\_\_\_\_
- **Identification:**  Driver's License No. \_\_\_\_\_  
 Passport No. \_\_\_\_\_  Other: \_\_\_\_\_
  - **Phone:** \_\_\_\_\_
  - **Email:** \_\_\_\_\_

### THE INCIDENT DETAILS

- **Date of Incident:** \_\_\_\_\_, 20\_\_\_\_
- **Time:**  AM  PM
- **Location:** \_\_\_\_\_
- **Describe the Incident:**

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### INJURIES SUSTAINED

- **Was anyone injured?**  Yes  No

- If yes, describe the injuries:

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### WITNESSES

- Were there witnesses to the incident?  Yes  No
- If yes, enter the witnesses' names and contact information:

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### POLICE AND MEDICAL SERVICES

- Was the police notified?  Yes  No
  - If yes, was a report filed?  Yes  No
- Was any medical assistance provided?  Yes  No  Declined
- Location of medical treatment:
  - On-site
  - Hospital
  - Other: \_\_\_\_\_

### PERSON FILING REPORT

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_
- Print Name: \_\_\_\_\_

### INTERNAL USE ONLY

- Report received by: \_\_\_\_\_
- Date: \_\_\_\_\_, 20\_\_\_\_
- Follow-up action taken:

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