

**AKRON PUBLIC SCHOOLS
PRELIMINARY ACCIDENT INVESTIGATION REPORT**

1. Name of Injured Person: _____ Sex: M _____ F _____ Age: _____ Grade: _____
 2. Parents Name: _____ Home Phone Number: _____
 Home Address (include zip code): _____
 3. Accident Location _____ School Assignment _____
 4. Date of Accident: _____ Time Accident Occurred: Hour _____ A.M. _____ P.M.
 5. Place of Accident: School Building School Grounds To or From School Home Elsewhere

6. NATURE OF INJURY

Abrasion _____	Fracture _____
Asphyxiation _____	Laceration _____
Bite _____	Poisoning _____
Bruise _____	Puncture _____
Burn _____	Scalds _____
Concussion _____	Scratches _____
Cut _____	Shock (el.) _____
Dislocation _____	Sprain _____
Other (specify) _____	

PART OF BODY INJURED

Abdomen _____	Foot _____
Ankle _____	Hand _____
Arm _____	Head _____
Back _____	Knee _____
Chest _____	Leg _____
Ear _____	Mouth _____
Elbow _____	Nose _____
Eye _____	Scalp _____
Face _____	Tooth _____
Finger _____	Wrist _____
Other (specify) _____	

DESCRIPTION OF THE ACCIDENT
(Describe the circumstances briefly):

7. Apparent Degree of Injury: Death Permanent Impairment Temporary Disability Non-disabling

8. Teacher/Staff Member in charge when accident occurred (enter name): _____
 Present at scene of accident: No _____ Yes _____

9. IMMEDIATE ACTION TAKEN

First-aid Treatment _____ By (Name): _____

Sent Home _____ By (Name): _____

Sent to Physician _____ By (Name): _____

Physician's Name: _____

Sent to Hospital _____ By (Name): _____

Name of Hospital: _____

10. Was a parent or other individual notified? No _____ Yes _____ Time _____ How _____

Name of individual notified: _____
 By Whom? (enter name): _____

11. Witnesses: 1. Name: _____ Address: _____
 2. Name: _____ Address: _____

12. LOCATION	Specify Activity	Specify Activity
Athletic Field _____	Locker _____	
Auditorium _____	School Grounds _____	
Cafeteria _____	Shop _____	
Classroom _____	Showers _____	
Corridor _____	Stairs _____	
Gymnasium _____	Toilet/Washrooms _____	
Laboratories _____	Other (specify) _____	

NOTE:

In cases of serious accidents, a complete investigation and full report will be made.

Signed: Principal: _____ Teacher: _____ Date: _____