



INCIDENT REPORT

Please type or print in block letters. Attach an additional sheet if more space is required.

1	NAME OF SCHOOL			S.D. NUMBER	FACILITY CODE	SCHOOL PHONE NO. ()		
	NAME OF SUPERVISOR/TEACHER/INSTRUCTOR INVOLVED			DATE OF INCIDENT	YYYY	MM	DD	TIME OF INCIDENT: : : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	DESCRIPTION OF HOW INCIDENT OCCURRED							
	WITNESSES - <i>If more than 2 witnesses, attach an additional sheet.</i>							
GENERAL	1. NAME OF WITNESS			ACTIVITY OF WITNESS AT TIME OF INCIDENT				
	2. NAME OF WITNESS			ACTIVITY OF WITNESS AT TIME OF INCIDENT				
	<input type="checkbox"/> THERE WERE NO WITNESSES TO THE INCIDENT							
	LOCATION OF INCIDENT:				01 <input type="checkbox"/> BASEMENT	12 <input type="checkbox"/> PLAYING FIELDS		
					02 <input type="checkbox"/> CAFETERIA/LUNCHROOM	13 <input type="checkbox"/> PLAYGROUND EQUIPMENT		
					03 <input type="checkbox"/> CLASSROOM	14 <input type="checkbox"/> POOL		
					04 <input type="checkbox"/> SHOPS/LABS/KITCHENS	15 <input type="checkbox"/> RINK		
					05 <input type="checkbox"/> DOORS/ENTRANCE AREAS	16 <input type="checkbox"/> SIDEWALKS/ROADS OFF FACILITY PROPERTY		
					06 <input type="checkbox"/> DORMITORIES	17 <input type="checkbox"/> STAIRS WITHIN BUILDING		
					07 <input type="checkbox"/> GYMNASIUM/AUDITORIUM	18 <input type="checkbox"/> STAIRS/SIDEWALKS WITHIN GROUNDS		
				08 <input type="checkbox"/> HALLWAY/LOCKERS	19 <input type="checkbox"/> WASHROOMS/CHANGING ROOMS/SHOWERS			
				09 <input type="checkbox"/> LIBRARY/OFFICE/LOUNGE/STUDY ROOM	20 <input type="checkbox"/> OTHER - <i>Please explain:</i>			
				10 <input type="checkbox"/> PARK/GROUNDS				
				11 <input type="checkbox"/> PARKING LOT				
2 A	NAME OF PERSON INVOLVED IN INCIDENT			AGE	GENDER - For statistical purposes only <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GRADE	NIGHT SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO
	HOME ADDRESS / CITY / PROVINCE							POSTAL CODE
	STATUS <input type="checkbox"/> STUDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER - <i>Please explain:</i>							
	PARENT/GUARDIAN/EMERGENCY CONTACT NAME				WAS THE CONTACT PERSON NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please explain how:</i>			
	INSTRUCTIONS/COMMENTS OF /PARENT/GUARDIAN/EMERGENCY CONTACT							
	FIRST AID TREATMENT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF TREATMENT PROVIDED?		BY WHOM?		ADVISED TO SEEK MEDICAL TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WAS HOSPITAL CARE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If YES, please identify type of care:</i> <input type="checkbox"/> ADMITTED <input type="checkbox"/> EMERGENCY VISIT ONLY		TREATMENT? <i>(if known)</i>		HOW WAS THE PATIENT TRANSPORTED? <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER: <input type="checkbox"/> PRIVATE VEHICLE	
	NATURE OF INJURY/DAMAGE - <i>Check one only</i>				BODY AREA INJURED - <i>Check one only</i>			
	CAUSE OF INJURY OR DAMAGE - <i>Check one only</i>				ACTIVITY AT TIME OF INCIDENT - <i>Check one only</i>			
	*List names of others involved:							
2 B	PROPERTY INVOLVED - <i>Describe property involved. Attach additional sheet if more space is required.</i>						ESTIMATE OF LOSS/DAMAGE \$	
	PROPERTY INVOLVED IS: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> PERSONAL						CAUSE OF LOSS/DAMAGE	
	DID THE FIRE DEPARTMENT ATTEND? <input type="checkbox"/> YES <input type="checkbox"/> NO		REPORT NUMBER					
	WERE POLICE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF BRANCH/DETACHMENT		CASE NUMBER			
	WERE THERE VISIBLE SIGNS OF FORCED ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please explain:</i>							
					01 <input type="checkbox"/> BURGLARY/FORBIDABLE ENTRY		10 <input type="checkbox"/> ROBBERY	
					02 <input type="checkbox"/> COLLAPSE		11 <input type="checkbox"/> SMOKE	
					03 <input type="checkbox"/> DISHONESTY/INFIDELITY		12 <input type="checkbox"/> THEFT	
					04 <input type="checkbox"/> EXPLOSION		13 <input type="checkbox"/> TRANSPORTATION	
					05 <input type="checkbox"/> FALLING OBJECT		14 <input type="checkbox"/> VANDALISM/MALICIOUS ACTS	
				06 <input type="checkbox"/> FIRE/LIGHTNING		15 <input type="checkbox"/> WATER/ESCAPE		
				07 <input type="checkbox"/> GLASS BREAKAGE		16 <input type="checkbox"/> RUPTURE/FREEZING		
				08 <input type="checkbox"/> IMPACT BY VEHICLE/AIRCRAFT		17 <input type="checkbox"/> WINDSTORM/HAIL		
				09 <input type="checkbox"/> RIOT		18 <input type="checkbox"/> OTHER - <i>Please Explain:</i>		
3	FULL NAME OF PERSON COMPLETING REPORT - <i>Please print</i>			TITLE	SIGNATURE		DATE SIGNED	
	FULL NAME OF ADMINISTRATOR - <i>Please print</i>			SIGNATURE	X		DATE SIGNED	
	OTHER INFORMATION/COMMENTS/UPDATE?							