

WHITNALL SCHOOL DISTRICT  
STUDENT ACCIDENT REPORT

Person(s) filing report (signatures): \_\_\_\_\_

Accident Date: \_\_\_\_\_

Report Date: \_\_\_\_\_

School: \_\_\_\_\_

Accident: Time: \_\_\_\_\_ School: \_\_\_\_\_

Accident Location: \_\_\_\_\_

Name of Injured: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Describe injury (in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe action taken (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent informed? \_\_\_\_\_ By whom? \_\_\_\_\_ (Time): \_\_\_\_\_

When? (Date): \_\_\_\_\_

Describe supervision (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe circumstances involving the accident (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how accident could have been prevented, if possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other pertinent information including witnesses' names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_