

PULASKI COUNTY SCHOOL ACCIDENT REPORT

129003

(Check One)

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(SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING REPORT)

- School Jurisdictional
Non-School Jurisdictional

- Recordable
Reportable only

Report Accident Within 3 Days

GENERAL

INJURY

ACCIDENT

SIGNATURE

1. Name 2. Address 3. Home Telephone

4. School 5. Sex (check one) Male Female 6. Age 7. Grade/Special School

8. The accident occurred: Date: AM: PM: Day of Week:

9. Nature of Injury

10. Part of Body Injured

11. Degree of Injury (check one) Death Permanent Disability Temporary Disability Non-Disabling

12. Total Number Days Lost From School Total Number Days Lost From Activities Total Time Lost

12. Cause of Injury

14 Accident Jurisdiction: (Check One) School Building School Grounds To and From School
Other School Activities
Not on School Property Bicycle Vehicle Home All Other

15. Location of Accident (Be Specific)

16. Activity of Person

17. Status of Activity

18. Supervision - If Supervised, Give Title and Name of Supervisor

19. Agency Involved

20. Unsafe Act

21. Unsafe Mechanical/Physical Condition

22. Unsafe Personal Factor

23. Corrective Action Taken or Recommended

24. Property Damage: School Property \$ Non-School Property \$ Total Property Damage \$

25. Description. (Briefly give a word picture of the accident, explaining the who, what, where, when, and why of the accident.)

26. Date of Report

27. Report Prepared By: (Signature and Title) 28. Principal's Signature