



CLEVELAND HEIGHTS-UNIVERSITY  
HEIGHTS CITY SCHOOL DISTRICT  
DEPARTMENT OF BUSINESS SERVICES  
**ACCIDENT/INCIDENT REPORT FORM**

**1. Please Circle: Student/Visitor/Other  
Building:\_\_\_\_\_**

Name:\_\_\_\_\_ Address:\_\_\_\_\_

Student ID or Staff S.S. #:\_\_\_\_\_ Telephone #: \_\_\_\_\_

Age:\_\_\_\_\_ Sex:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Grade:\_\_\_\_\_

**2. Information about the Accident/Incident:**

Time and Date of accident/incident:\_\_\_\_\_

State exact location where accident/incident occurred:\_\_\_\_\_

\_\_\_\_\_

Explain accident/incident in full detail\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: Yes\_\_\_\_\_No\_\_\_\_\_ (list below)

Name\_\_\_\_\_ Position\_\_\_\_\_ Phone #\_\_\_\_\_

Name\_\_\_\_\_ Position\_\_\_\_\_ Phone #\_\_\_\_\_

Name\_\_\_\_\_ Position\_\_\_\_\_ Phone #\_\_\_\_\_

**3. Code Violation:**

Was this incident a Code Violation? Yes \_\_\_\_\_ No \_\_\_\_\_

List Code Violation(s): \_\_\_\_\_

\_\_\_\_\_

(Attach additional pages where necessary.)

Revised 08/2015

**4. Medical Information:**

First Aid Treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom \_\_\_\_\_

Assessment & Treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Additional Information:**

Reported to Police? Yes \_\_\_\_\_ No \_\_\_\_\_ Police Report made Yes \_\_\_\_\_ No \_\_\_\_\_

Reported to Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

Time Police or Fire Department arrived at building \_\_\_\_\_

Was student/visitor read their rights? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student/visitor taken into custody on school property? Yes \_\_\_\_\_ No \_\_\_\_\_

Final disposition of student/visitor: Home \_\_\_\_\_ Hospital \_\_\_\_\_ School \_\_\_\_\_ None \_\_\_\_\_

Was accident or incident preventable? Yes \_\_\_\_\_ No \_\_\_\_\_

Who was contacted? (parent/guardian) \_\_\_\_\_

**6. Information from Principal/Supervisor/Teacher/Custodian/Secretary:**

Your knowledge of this accident/incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Signatures:**

\_\_\_\_\_ Date \_\_\_\_\_

Student/Visitor

\_\_\_\_\_ Date \_\_\_\_\_  
Person Completing Report

\_\_\_\_\_ Date \_\_\_\_\_  
Building Principal/Supervisor

**(Please send original STUDENT report to Head Nurse at the High School with a copy to Business Services. Please send all non-student reports to Business Services. THANK YOU.)**