

1. Name: \_\_\_\_\_ 2. Address: \_\_\_\_\_ 4. ( )M ( )F  
 5. District Name: \_\_\_\_\_ 6. Date of Incident \_\_\_\_\_ 7. Time of incident \_\_\_\_\_  
 8. Witnesses: \_\_\_\_\_ Phone: \_\_\_\_\_ Staff ( )Y ( )N  
 \_\_\_\_\_ Phone: \_\_\_\_\_ Staff ( ) Y ( )N

9. First Aid Given  Ice  Washed Wound  Kept Immobile  Stopped Bleeding  
 Observed  Applied Splint  Applied Dressing  Other

Explain: \_\_\_\_\_

10. Body Part Involved: **HEAD** **TRUNK** **EXTREMITIES** **OTHER**  
 Ear  Abdomen  Ankle  Lower Arm \_\_\_\_\_  
 Eye  Back  Elbow  Lower Leg \_\_\_\_\_  
 Face  Chest  Finger  Thumb \_\_\_\_\_  
 Head  Groin  Foot  Toes \_\_\_\_\_  
 Neck  Shoulder  Hand  Upper Arm \_\_\_\_\_  
 Scalp  Trunk  Hip  Upper Leg \_\_\_\_\_  
 Knee  Wrist

11. Type of injury suspected:  
 Laceration/Abrasion  Bruise/Contusion  
 Sprain/Strain  Dislocation  
 Fracture  Concussion  
 Surface Cut/Scratch  Burn  
 Other: \_\_\_\_\_

12. Action taken:  Called Parent/Spouse  Transferred to hospital  Parent/Self to doctor  
 None  Called 911  Drove Self to ER  
 Other: \_\_\_\_\_  Time Spent in First Aid Office

13. Explanation of Incident:  
 Collision with person  Collision with object / What object? \_\_\_\_\_  
 Injury to self  Hit with Object/What Object? \_\_\_\_\_  
 Fall  Height of fall  Other \_\_\_\_\_

14. Incident location:  Office  Field  Canal/Waterway  Assembly Hall  
 Sidewalk  Roadway  Bus  Dock  
 Parking Lot  Other \_\_\_\_\_

15. Surface:  Blacktop  Dirt  Grass  Synthetic Surface  
 Carpet  Pea gravel  Mats  Thickness of mat  
 Concrete  Sand  Wood chips  Depth of chips  
 Ice/Snow  Rain  Other \_\_\_\_\_

16. Activity: (please circle)

1. Baseball/Softball	6. Fighting	11. Playing on bars	16. Soccer	20. Volleyball
2. Basketball	7. Flag/Touch Football	12. Running	17. Swinging	21. Walking
3. Bicycling	8. Jumping	13. Rough housing	18. Throwing rocks or snowballs	22. Lacrosse
4. Climbing	9. Kickball	14. Sliding	19. Track/field	23. Other: _____
5. Dodge ball	10. Playground equipment	15. Weight room		

17. Equipment: Was District equipment involved?  Yes  No  
 Which Equipment? \_\_\_\_\_

18. Describe only what you KNOW to have happened -  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Print Name: \_\_\_\_\_  
 (Person filing report) (Supervisor/Manager)