

RICHLAND-BEAN BLOSSOM COMMUNITY SCHOOL CORPORATION

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

**ACCIDENT/INCIDENT REPORT**

Victim's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

STATUS: Student \_\_\_\_\_ Employee \_\_\_\_\_ Visitor \_\_\_\_\_ Other (Specify) \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Description (Who-What-When-Where-How?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_

School Corporation Personnel Present: \_\_\_\_\_

Describe Any First –Aid Given: \_\_\_\_\_  
\_\_\_\_\_

Who Notified Parents: \_\_\_\_\_ When: \_\_\_\_\_

Was Case Referred To A Physician: \_\_\_\_\_ When: \_\_\_\_\_

Name Of Physician: \_\_\_\_\_

Was Victim Removed From School: \_\_\_\_\_ By Whom: \_\_\_\_\_

When: \_\_\_\_\_ Taken Where: \_\_\_\_\_

Reported By: \_\_\_\_\_

Signature

Principal: \_\_\_\_\_

Signature

**PLEASE NOTE: This form MUST be SAVED or PRINTED before emailing**

**Please immediately email (or fax) to Karen Butcher in the Superintendent's Office:**

**[kbutcher@rbbcsc.k12.in.us](mailto:kbutcher@rbbcsc.k12.in.us) (email is preferred) fax812-876-7020**