August 11, 2009

Riverside School District No. 2

School Incident Report Form

1 GENERAL

Name of School Site: _____

Name and Address of School: _____

Date of Incident M/D/Y: _____ Time _____ : _____ a.m. / p.m. Telephone # ( ) -

Description of How Incident Occurred: _____

Witnesses:

(1) Name: _____

Teacher/Instructor/Other: _____

Witness Activity at Time: _____

(2) Name: _____

Teacher/Instructor/Other: _____

Witness Activity at Time: _____

Location of Incident:

- L01 ☐ Warehouse
- L02 ☐ Cafeteria/Lunchroom
- L03 ☐ Classroom
- L04 ☐ Shops/Lab/Kitchen
- L05 ☐ Doors/Entrance Areas
- L06 ☐ Bus Facility
- L07 ☐ Gymnasium/Auditorium
- L08 ☐ Hallways
- L09 ☐ Library/Office/Lounge/ Study Room
- L10 ☐ Science Lab
- L11 ☐ Parking Lot
- L12 ☐ Sports Fields
- L13 ☐ Playground Equipment
- L14 ☐ Cross Walk
- L15 ☐ Basketball Courts
- L16 ☐ Sidewalks/Roads Off Facility Property
- L17 ☐ Play Ground
- L18 ☐ Sidewalks/Ground
- L19 ☐ Sidewalks/Ground
- L20 ☐ Computer Room
- L21 ☐ District Office
- L22 ☐ Other – (please explain)

2 COMPLETE THE APPROPRIATE SECTION

For Bodily Injury / Other Party Damage complete Section "A"

For Loss or Damage to Facility and/or Contents complete Section "B"

SECTION A

Name of Person Involved: _____ Age: _____ M/F: _____

Address: _____ Postal Code: _____ Grade/Year/Night School: (Schools Only)

Student/Visitor/Other: (explain) _____ Division/Program: _____

Parent/Guardian/Emergency Contact: _____ Notified? ☐ Yes ☐ No How? _____

Telephone #: ( ) -

Parent/Guardian/Emergency Contact Instructions: _____

Emergency Treatment: ☐ Yes ☐ No What? _____ By Whom? _____

Advised to Seek Medical Treatment: ☐ Yes ☐ No Where? _____ Hospitalized Overnight? ☐ Yes ☐ No

How Transported? _____

Nature of Injury/Damage:

- N01 ☐ Bruise/Abrasion/Swelling
- N02 ☐ Burn
- N03 ☐ Concussion (suspected)
- N04 ☐ Crushed
- N05 ☐ Dental Damage
- N06 ☐ Dislocation
- N07 ☐ Fatality/Death
- N08 ☐ Fracture
- N09 ☐ Imbedded Object
- N10 ☐ No Information
- N11 ☐ Nosebleed
- N12 ☐ Open Wound / Laceration
- N13 ☐ Sprain/Strain (suspected)
- N14 ☐ Winded
- N15 ☐ Property DMB / Other Party
- N16 ☐ Bites/Stings
- N17 ☐ Other – (please explain)

Body Area:

- B01 ☐ Arms/Shoulder/Elbow
- B02 ☐ Chest/Abdomen/Pelvis
- B03 ☐ Eyes
- B04 ☐ Face
- B05 ☐ Feet/Toes
- B06 ☐ Fingers/Hands/Wrists
- B07 ☐ Head/Forehead
- B08 ☐ Legs/Knees/Ankles
- B09 ☐ Multiple Areas
- B10 ☐ Neck
- B11 ☐ No Information
- B12 ☐ Spine/Back
- B13 ☐ Teeth/Mouth
- B14 ☐ Other – (please explain)

Cause of Injury or Damage:

- C01 ☐ Assault-No Weapon
- C02 ☐ Assault with Weapon
- C03 ☐ Choking/Suffocation
- C04 ☐ Drowning
- C05 ☐ Exposure to Flame/ Electricity/Hot or Caustic Substance
- C06 ☐ Fall at Same Height
- C07 ☐ Fall from Different Height
- C08 ☐ Fatigue/Over Exertion
- C09 ☐ Foreign Body
- C10 ☐ Horseplay
- C11 ☐ Maintenance Activity
- C12 ☐ Motor Vehicle Accident
- C13 ☐ Poison/Allergic Reaction
- C14 ☐ School Bus Accident
- C15 ☐ Sports Injury
- C16 ☐ Struck Against Person
- C17 ☐ Struck/Crushed By/ Against Object
- C18 ☐ Other – (please explain)

Activity at Time of Incident:

- A01 ☐ Academic Classroom
- A02 ☐ Between Classes
- A03 ☐ Extra-Curricular (i.e. Club)
- A04 ☐ Out-Of-Class Field Trip
- A05 ☐ Recess/Pre-Or Post Class/Noon Hour
- A06 ☐ Sports Event
- A07 ☐ Sported Related Class
- A08 ☐ Travel to or from Facility
- A09 ☐ Unorganized Sports
- A10 ☐ Work Placement
- A11 ☐ Maintenance Activity
- A12 ☐ Other – (please explain)

SECTION B

Property Involved (describe property involved and extent of loss and/or damage): _____

Fire Department Attended? ☐ Yes ☐ No

Report Number: _____

Were Police Notified? ☐ Yes ☐ No

Branch/Detachment: _____

Case Number: _____

Date (M/D/Y): _____

Time: _____ : _____ a.m. / p.m.

Were There Visible Signs of Forced Entry? ☐ Yes ☐ No

What? (explain) _____

Cause of Loss/Damage:

- C01 ☐ Burglary/Forcible Entry
- C02 ☐ Collapse
- C03 ☐ Dishonesty/Infidelity
- C04 ☐ Explosion
- C05 ☐ Falling Object
- C06 ☐ Fire/Lightning
- C07 ☐ Glass Breakage
- C08 ☐ Impact By Vehicle/Aircraft
- C09 ☐ Riot
- C10 ☐ Robbery
- C11 ☐ Smoke
- C12 ☐ Theft
- C13 ☐ Transportation
- C14 ☐ Vandalism/ Malicious Acts
- C15 ☐ Water Escape/ Rupture/Freezing
- C16 ☐ Windstorm/Hail
- C17 ☐ Other – (please explain)

3

Name of Person Completing Report: _____ _____

(Please Print or Type) (Signature)

Name of Administrator: _____ _____

(Please Print or Type) (Signature)

Date: _____

Please Ensure that Serious Injury and/or Property Damage is Reported to the Principal, Mr. Andy Valdivia, and Mr. Gutierrez.

Form Date: 11/08/2009 8:33 AM