

**Monongalia County Schools Incident Report**

**Claim Number** \_\_\_\_\_

Name: \_\_\_\_\_  Employee  Student  Visitor Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School / Grade: \_\_\_\_\_ Occupation / Title: \_\_\_\_\_ Time in Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Time of Day: \_\_\_\_\_  AM  PM Day of Week: \_\_\_\_\_

**Location of Accident:**

- Classroom     Gymnasium     Playground     Restroom     Parking Lot     Athletic Field     Bleachers
- Cafeteria     Shop Class     Field trip     Locker Room     Stairs     Hallway     Outside Building
- Science / Lab     Auditorium     Office     Driver's Ed Car    Other: \_\_\_\_\_

**Body Part Injured:**

- Head     Eye  L  R     Wrist  L  R     Shoulder  L  R     Upper Arm  L  R     lower Leg  L  R
- Face / Check     Ear  L  R     Elbow  L  R     Chest     Forearm     L  R     Upper Leg  L  R
- Nose     Mouth/Teeth     Hand  L  R     Finger/Thumb     Toe     Foot     L  R
- Neck     Tail Bone     Hip     L  R     Back     Ankle     L  R     Knee     L  R
- Abdomen     Ribs     Internal     Environmental     Other \_\_\_\_\_

Description of Incident / Injury \_\_\_\_\_

\_\_\_\_\_

Description of Property, Equipment, or Vehicle Damaged or Involved: \_\_\_\_\_

\_\_\_\_\_

Provide Names, Addresses, and Phone Numbers of any Non-employees Involved in this Incident: \_\_\_\_\_

\_\_\_\_\_

Provide the Names, Addresses and Phone Numbers of any Witnesses to this Incident: \_\_\_\_\_

\_\_\_\_\_

Indicate if any First Responders were Involved:     EMS     Police  Fire     Life Flight     School Nurse     Maintenance

First Aid Provided:  Yes  No    The Injured Person:     Returned to Work /Class     Went for Treatment     Went Home

**Notifications:**

- Parent Notified     Principal Notified     School Nurse Notified     Safety Committee Notified     Central Office

Name of Individual Completing this Report: \_\_\_\_\_

Administrative Accident Review Requested     Unsafe Conditions Identified and Work Order Processed    WO# \_\_\_\_\_

All Personnel Must Also Complete the Appropriate County Vehicle Accident Report When a Motor Vehicle was Involved.

Copy Principal or Site Manager

Copy Accounts Payable on all Incidents involving Students and Non-employees. AP forward to Safety Coordinator.

Copy Payroll on all Worker Compensation Claims / Employee Incidents. Payroll forward to Safety Coordinator.