Roane-Jackson Technical Center

Accident Report

Date of Accident:	**Day of Week:**	**Time of Accident:**
Accident was Investigated by:		**Phone:**

LOCATION

Building or Facility Accident Occurred at:

City:	**State:**	**County:**

Location of Accident:

☐ Athletic field	☐ Gymnasium	☐ Other_____
☐ Auditorium	☐ Home Economics	☐ Restroom
☐ Cafeteria	☐ Locker	☐ Pool
☐ Classroom	☐ Stairs	☐ School Grounds

Describe Activity:

INJURIES

Person Injured:		**Age:**	**Address:**	
Home Phone:	**Business Phone:**	**City:**	**State:**	**Zip:**

Status of Person Injured: ☐ Visitor ☐Student ☐Employee ☐Other _____

Extent of Injuries:

Immediate Action Taken: ☐ First Aid Treatment ☐Sent Home ☐Sent to Physician ☐Sent to Hospital

First Aid Given By:	**Phone:**
IF –Treated By Physician:	**Address:**
IF –Treated By Hospital:	**Address:**

PROPERTY DAMAGE

Describe Property Damaged:

Approximate Damage: $	**Owner's Name:**	**Home Phone:**	**Business Phone:**
Owner's Address:	**City:**	**State:**	**Zip:**

WITNESS

Name:	**Address:**		
Phone:	**City:**	**State:**	**Zip:**

NARRATIVE

Describe What Happened:

OTHER

Individual in Charge at Scene of Accident:

Was Parent/Guardian Notified: ☐ Yes ☐ No	**When:** **How:**	**Person Contacted:** **By Whom:**

Date of this Report:	**Supervisor/Principal Signature:**