

Preliminary Accident Report

Student's Last Name _____ First _____ M.I. _____
Date of Accident: _____ TIME _____ am _____ pm
Student's Grade _____ Male _____ Female

To be completed by the individual or supervisor in charge of the activity at the time of the accident and submitted within 24 hours! Please be specific about how the accident occurred!

Instructions: Fill in information right from your computer. **Print form and submit paper copy to administration office. You cannot "save" or "email" at this time.**

1. Tri-County Area School District
2. **Detailed** description of accident: How did it occur?

Where did it occur? (i.e. Tri-County gym, classroom, playground, etc.)

4. Part of body injured: right left Body part: _____

5. Activity: (Describe – classroom, sport, recess) _____

If "sport," which sport _____ Interscholastic **OR** Intramural

6. Name of School Authority supervising activity: _____

7. Was supervisor a witness to the accident? Yes **OR** No

8. If not when was the accident first reported to a school authority? Date: _____

Who was accident reported to: _____

9. Name of Person completing this form: _____ Title: _____

10. Date of this report: _____