Indiana Insurance™
Member of Liberty Mutual Group

Standard School Incident Report

Name of School	School District	
Name of Injured Party	Date of Accident	Time of Accident ☐ am ☐ pm
Address	Age	Sex
	Grade or Position	
	Status ☐ Employee ☐ Student ☐ Visitor ☐ Trespasser ☐ Other, describe:	

Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)

Witness Name – 1	Address	Telephone Number
Witness Name – 2	Address	Telephone Number
Witness Name – 3	Address	Telephone Number

Location		Type of Injury		Body Part(s) Affected	
☐ Athletic Field	☐ Office	☐ Abrasion	☐ Dislocation	☐ Abdomen	☐ Finger
☐ Bus	☐ Playground	☐ Amputation	☐ Electrical Shock	☐ Ankle	☐ Foot
☐ Bus Stop	☐ Restroom	☐ Asphyxiation	☐ Laceration	☐ Arm	☐ Hand
☐ Cafeteria	☐ Sidewalk	☐ Bite (Animal or Insect)	☐ Fracture	☐ Back	☐ Head
☐ Classroom	☐ Swimming Pool Area)	☐ Bite (Human)	☐ Poisoning	☐ Chest	☐ Leg
☐ Gymnasium	☐ Stairs (Inside	☐ Burn (Chemical)	☐ Puncture	☐ Ear	☐ Mouth
☐ Hallway	☐ Stairs (Outside)	☐ Burn (Heat)	☐ Repetitive Motion	☐ Eye	☐ Tooth
☐ Laboratory	☐ Theater or Stage	☐ Concussion	☐ Sprain/Strain	☐ Face	☐ Wrist
☐ Locker Room	☐ Vocational Shops	☐ Other (describe)		☐ Other (describe)	
☐ Maintenance Area	☐ Off-Premises				
☐ Other					

Immediate Action Taken

☐ None
☐ First Aid provided. Given by: _____
☐ Medical Ambulance called. Time of Call: _____ By: _____
☐ School Nurse notified. Time of Call: _____ By: _____
☐ Parent/Guardian notified. Time of Call: _____ By: _____
☐ Name of Parent/Guardian notified: _____
☐ Parents/Guardian Telephone Number: _____ (Home) _____ (Work)
☐ Injured person released to ☐ Self ☐ Home ☐ Class ☐ Physician ☐ Hospital ☐ Other _____
☐ Time released: _____

Report Completed By: _____ Title: _____

Date: _____ Telephone Number: _____

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.

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