



# STUDENT ACCIDENT/INCIDENT REPORT FORM

Send as soon as possible, but no later than 24 hours.  
FAX TO RISK MANAGEMENT AT (303) 326-1921 AND RETAIN ORIGINAL FORM AT SCHOOL OFFICE

Accident/Incident report must be filled out whenever emergency equipment (fire, police or ambulance) is called to your site OR an incident causes a major disruption.

**Stranger alerts:** Please call police and then **APS Security (28484)** immediately whenever a report of a stranger alert is received. Please attempt to obtain key information such as license plate, color/make/model of car, description of stranger, etc. This "unsubstantiated stranger alert" will be sent immediately as an IRT page to all principals and their secretaries so that school staff can be aware of the potential danger.

Student Name: \_\_\_\_\_ General Education  Special Education

Sex: Male  Female  Age of Student: \_\_\_\_\_ Grade of Student: \_\_\_\_\_ School/K&K Insurance? Yes  No

Date of Incident: \_\_\_\_\_ Time occurred: \_\_\_\_\_ A.M./P.M. (circle one)

Building/School Name: \_\_\_\_\_

Location:

Cafeteria  Parking Lot

Playground  Gymnasium

Hallway  Classroom

Other: \_\_\_\_\_

Property Damage? Yes  No

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of individual(s) in charge when accident occurred: \_\_\_\_\_

Present at scene of accident: Yes  No

**DETAILED** Description of the Accident/Incident  
**WHO, WHAT, WHERE, WHEN, HOW & WHY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Title of Person Completing Form: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Principal (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_