



# Accident/Incident Report

**Secondary - Satellite - Adult Education - Visitors**

This report is to be filled out immediately by the person responsible for or persons who witness a student or visitor accident. Each eye witness should fill out a separate report.

Today's Date \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ AM PM

Check division accident applies to: Secondary Satellite Adult Education

Visitor Reason for Visit \_\_\_\_\_

### Injured Person-Information:

Name \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

C-TEC employee who contacted Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Resolution Discussed:

Location accident happened:

Area of Injury:

Possible Cause:

Type of medical treatment given/obtained:

Explain what happened:

Form completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

Submit form to: Secondary

Satellite

Adult Education