



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