

FINDLAY CITY SCHOOLS
1100 Broad Avenue, Findlay, OH 45840, 419-425-8212

ACCIDENT REPORTING FORM

Fill out completely and return within 24 hours of accident to the Superintendent's Office

Check one: Student Other (Explain) _____

Date of Accident: _____ Time: _____

Exact Location of Accident: _____

School: _____

Place at School: _____

Name and Addresses of person(s) involved:

Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Phone: _____	Phone: _____
Age: _____	Age: _____
Sex: _____	Sex: _____

Were police, fire, or rescue personnel involved? (Explain):

Was a doctor or hospital involved? (Explain):

Were there any witnesses?

Name: _____	Telephone: _____
Name: _____	Telephone: _____
Name: _____	Telephone: _____

Describe the accident and nature of injury:

Describe the weather conditions:

Name and address of person filling out this form

Name: _____

Address: _____

City/State: _____

Phone: _____

Email: _____

Today's Date: _____

Signature: _____