Detroit Public Schools Community District Student Accident Report

Part A. **Report ALL accidents to Students Occurring Anywhere, Day or Night**

1. Name: _____ Home Address: _____
2. School: _____ Sex: M F Age: _____ Grade or classification _____
3. Time accident occurred: Hour _____ A.M. _____ P.M. Date: _____
4. Place of Accident: School Bldg School Grounds To or from School Home Field Trip Bus

NATURE OF INJURY

5.
- ☐ Abrasion
- ☐ Amputation
- ☐ Asphyxiation
- ☐ Bite
- ☐ Bruise
- ☐ Burn
- ☐ Concussion
- ☐ Cut
- ☐ Dislocation
- ☐ Fracture
- ☐ Laceration
- ☐ Poisoning
- ☐ Puncture
- ☐ Scalds
- ☐ Scratches
- ☐ Shock (el.)
- ☐ Sprain
- ☐ Other (specify) _____

PART OF BODY INJURED

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Nose
- ☐ Scalp
- ☐ Tooth
- ☐ Wrist
- ☐ Other (specify) _____

DESCRIPTION OF THE ACCIDENT

How did accident happen? What was student doing? Where was student? Specify any tool, machine or equipment involved.

_____

6. Degree of Injury: Death Permanent Impairment Temporary (lost time) Non-Disabling (no lost time)
7. Total number of days lost from school: _____ (If more than 48 hours report on Form 54 when student returns)

Part B. Additional Information on School Jurisdiction Accidents

8. Teacher in charge when accident occurred (Enter name): _____

Present at scene of accident: NO YES

IMMEDIATE ACTION TAKEN

9.
- ☐ First-aid treatment By (Name): _____
- ☐ Sent to school nurse By (Name): _____
- ☐ Sent home By (Name): _____
- ☐ Sent to physician By (Name): _____
  - Physician's Name: _____
- ☐ Sent to hospital By (Name): _____
  - Name of hospital: _____

10. Was a parent or other individual notified? NO YES When _____ How _____

Name of individual notified: _____

By whom? (Enter name): _____

11. Witnesses: 1. Name: _____ Address: _____
2. Name: _____ Address: _____

LOCATION

12.

	Specify Activity		Specify Activity
Athletic field		Locker	
Auditorium		Pool	
Cafeteria		Sch. Grounds	
Classroom		Stairwell	
Corridor		Showers	
Dressing room		Stairs	
Gymnasium		Restroom	
Vo-Tech Lab		Playground	
Laboratories		Other (specify)	

Please fax your completed report to the Office of Risk Management at (313) 873-0872

Signed Principal: _____ Teacher: _____