DIMAN REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
Stonehaven Road – Fall River, Massachusetts 02723

STUDENT ACCIDENT REPORT FORM

Part A. Information on ALL Accidents

PLEASE PRINT

1. Name: ..... ID: .....
2. Shop: ..... Sex: M☐ F☐ Age: ..... Grade: .....
3. Time Accident Occurred: Hour ..... A.M. ..... P.M. Date: .....
4. Place of Accident: .....

5. **NATURE OF INJURY**

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

PART OF BODY INJURED

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

DESCRIPTION OF THE ACCIDENT

How did the accident happen? What was the student doing? Where was the student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.

6. Degree of Injury: Death ☐ Permanent Impairment ☐ Temporary Disability ☐ Non-disabling ☐
7. Total number of days lost from school: ..... (To be filled in when student returns to school)

Part. B Additional Information on School Jurisdiction Accidents

8. Teacher in charge when accident occurred (Enter name): .....
   Present at scene of accident: No: ☐ Yes: ☐ Does student have school insurance No: ☐ Yes: ☐

9. **IMMEDIATE ACTION TAKEN**

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. Witness: 1. Name: ..... Address: .....
    2. Name: ..... Address: .....

12. **LOCATION**

Specify Location

Athletic field	☐	Gymnasium	☐	Stairs	☐
Auditorium	☐	Laboratories	☐	Toilets & washrooms	☐
Cafeteria	☐	Locker	☐	Other	
Classroom	☐	Pool	☐	Shop	.....
Corridor	☐	Sch. Grounds	☐	.....	
Dressing room	☐	Showers	☐	.....	

Remarks

What recommendations do you have for preventing other accidents of this type? .....

Signed: **Teacher**: ..... *Asst. Sup-Dir/Principal* .....