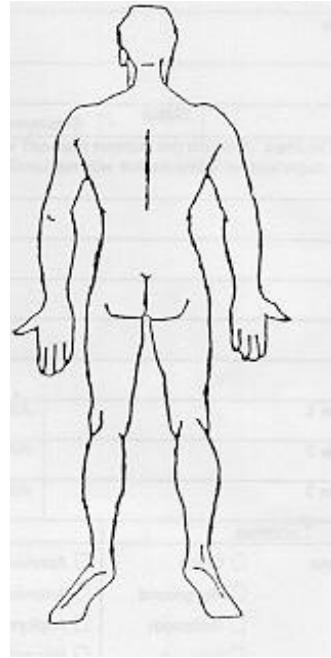
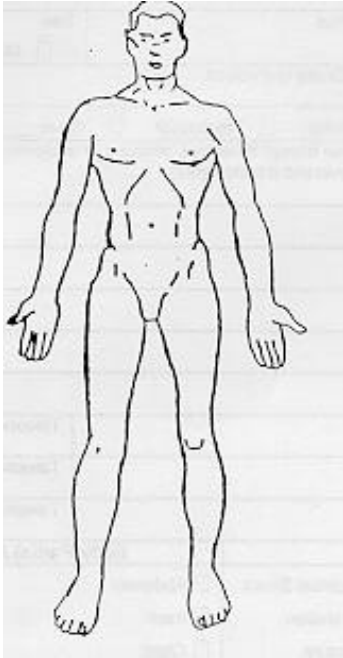


PLYMOUTH COMMUNITY SCHOOL CORPORATION - Report of Accident 5340 F1

Name of School					
Name of Person Injured			Date of Incident	Time of Incident AM PM	
Home Address			Age	Sex Male Female	
City, State			Grade or Position		
Zip Code	Status Employee Student Visitor Trespasser Other: _____				
Description of Incident (How did the incident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the incident?)					
Witness Name 1		Address		Telephone Number	
Witness Name 2		Address		Telephone Number	
Witness Name 3		Address		Telephone Number	
Location		Type of Injury		Body Part(s) Affected	
Athletic Field	Office	Abrasion	Electrical Shock	Abdomen	Ear
Bus	Playground	Amputation	Laceration	Back	Eye
Bus Stop	Restroom	Asphyxiation	Fracture	Chest	Foot
Cafeteria	Sidewalk	Bite animal or insect	Poisoning	Face	Hand
Classroom	Stairs inside	Bite human	Puncture	Head	Leg
Gymnasium	Stairs outside	Burn chemical	Sprain/Strain	Mouth	Wrist
Hallway	Stage	Burn heat	Dislocation	Tooth	Arm
Laboratory	Nurse's office	Bruise	Fall	Check if applicable: Right Left	Knee
Locker Room	Kitchen	Other	Medication		Shoulder
Maintenance Area	Off-Premises	_____	Head Injury		Elbow
Other				Other:	Hip
_____				_____	Ankle
					Finger
Immediate Action Taken					
First Aid Provided:					None
Additional Notes On Back Of This Report.			First Aid Given by:		
Ambulance Called.	Time of Call:	AM	PM	Called By:	
School Nurse Notified.	Time of Call:	AM	PM	Called By:	
Parent/Guardian Notified.	Time of Call:	AM	PM	Called By:	
Name of Parent/Guardian Notified:				Telephone Number:	
Injured Person Released To:	Self	Home	Class	Physician	Hospital
	Other: _____				
Time Injured Person Released:	AM	PM			
Date School Employee Incident Report Faxed To Central Office:			Supervisor Signature:		
Report Completed By:			Title:		
Home Telephone Number:			Date Report Completed:		
<small>NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.</small>					

PLYMOUTH COMMUNITY SCHOOL CORPORATION - Report of Accident 5340 F1
Circle areas of injury and describe color, depth and size when able. Document all areas of injuries.



Provide Date/Time of Notes

Signature of person writing notes: _____ Date: _____