

**Coldwater Exempted Village Schools**  
**Visitor Accident/Incident Report**

**PART I: VISITOR'S REPORT**

Date of Report \_\_\_\_\_

**DEMOGRAPHICS**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex: MALE FEMALE

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Reason for visiting Coldwater Schools \_\_\_\_\_

**ACCIDENT/ILLNESS REPORT**

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ AM PM (circle one)

Location of Accident \_\_\_\_\_

Date Accident First Reported \_\_\_\_\_ Time \_\_\_\_\_ AM PM (circle one)

To whom was the injury **first** reported? \_\_\_\_\_

Description of Injury (be specific – name of objects or substances involved, be specific about area(s) of injury and type of injury if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part(s) of body injured \_\_\_\_\_

Type of injury? (sprain, concussion, bruise, fracture, etc.) \_\_\_\_\_  
\_\_\_\_\_

Was any medical or emergency treatment necessary? NO YES: Name of physician/hospital \_\_\_\_\_

Was an ambulance or police called to the scene? NO YES: \_\_\_\_\_

Was AED attached to patient? NO YES: Were there shocks given? \_\_\_\_\_

Is this an aggravation of a previous injury? NO YES Have you ever had a similar injury? NO YES

Witness(es) \_\_\_\_\_

Witness phone # \_\_\_\_\_

Signature of person filling out the report \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**End of Visitor Report**

TURN TO BACK FOR MORE INFORMATION

**PART II: MANAGEMENT'S REPORT**

Description of incident/injury if different from description above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did the injury occur? (description of area) \_\_\_\_\_

\_\_\_\_\_

Accident Site Inspected by \_\_\_\_\_

First Aid Given \_\_\_\_\_

\_\_\_\_\_

What were the circumstances leading up to the injury?	Was horseplay involved	NO	YES
	Was injury self-inflicted	NO	YES
	Was injury due to a disability?	NO	YES

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Health/Safety Committee on \_\_\_\_\_  
(date)

Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures of Committee Members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_