

Knox County Career Center
306 Martinsburg Road • 308 Martinsburg Road • 310 Martinsburg Road • 1481 Yauger Road Mount Vernon, Ohio 43050

> High School: 740.397.5820 • Fax: 740.397.0385 Adult Education: 740.393.2933 • Fax: 740.397.1659

Accident / Incident Report (Please circle one)

| 1. | Name of Student/Claimant: | Last | First | | Middle | |
|--------|---|--|------------------------|---------------------|--------|--|
| 2. | Student/Claimant Address | Street | City | State | Zip | |
| 3. | Current phone number | | • | Gender Grade/Progra | · | |
| 4. | Date of accident/incident: | of accident/incident: Time of accident/incident: | | | | |
| 5. | Description of accident/incident: A. How and where it occurred (campus building (1-4), parking lot, etc.): B. Nature of injury (if applicable): | | | | | |
| | C. Police / Emergency Serv | ices Contacted: | Ye | es / No | | |
| 6. | On the date of the accident/incident (for this student/claimant): | | | | | |
| | Time school convened: | | Time school dismissed: | | | |
| 7. | Describe student's/claimant's activity at the time of injury: | | | | | |
| 8. | First aid measures taken: | | | | | |
| 9. | Name of person supervising activities: | | | | | |
| 10. | Date this form was completed: | | | | | |
| 11. | 11. Signature of person completing form: | | | | | |
| Route: | | | | | | |
| | Director | | | | | |