

GARRETT COUNTY BOARD OF EDUCATION

40 South Second Street

Oakland, Maryland 21550

ACCIDENT REPORT

SUGGESTED NARRATIVE FORMAT

SCHOOL _____

STUDENT NAME _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

DETAILS OF THE ACCIDENT:

PRACTICES OR SAFETY EQUIPMENT IN USE AT TIME OF ACCIDENT (if applicable):

NAMES OF WITNESS(ES):

1. _____

1. _____

1. _____

NOTIFIED PRINCIPAL/SUPERVISOR:

TIME: _____ DATE: _____

PERSON SUBMITTING REPORT: _____

SIGNATURE OF PRINCIPAL: _____

COPIES TO: **RISK MANAGEMENT, UNDER HR DEPARTMENT (Jane Wildesen and Rebecca Sleeman) and CC Alison Sweitzer.**

Jane/Rebecca will determine if the form should go to the following departments below based on the type of injury.

MAINTENANCE & OPERATIONS DEPARTMENT

PUPIL SERVICES

SCHOOL FILE