

# REPORT OF INCIDENT OR STUDENT ACCIDENT (RSK-F103A)

TYPE: <input type="checkbox"/> Student Accident or Incident <input type="checkbox"/> Incident (Visitor / Property) <input type="checkbox"/> Employee Accident/Injury											
School Name:					School Phone:						
Location of Incident					Police Report #						
Date of Incident: mm/dd/yy					Time of Incident: hr/min/am-pm						
NOTIFICATION :      Yes No      Phone      Box      FAX											
Nurse or Health Services <input type="checkbox"/> <input type="checkbox"/> 643-9412      764      399-2028					First Aid Provided:						
Parent or Emergency Contact <input type="checkbox"/> <input type="checkbox"/>					First Aid Provider :						
911 <input type="checkbox"/> <input type="checkbox"/>					Instructor/Supervisor on duty :						
Communication Office <input type="checkbox"/> <input type="checkbox"/> 643-9145      704      399-2058					Area of Body Involved :						
Human Resources <input type="checkbox"/> <input type="checkbox"/> 643-9050      770      399-2016					How did person leave site (car, ambulance, etc.)						
Safe Schools Office <input type="checkbox"/> <input type="checkbox"/> 643-7990      821      399-2020											
District Security Office <input type="checkbox"/> <input type="checkbox"/> 643-7444      823      399-2014					Time Person left :						
Risk Management <input type="checkbox"/> <input type="checkbox"/> 643-9421      840      399-2056					Who person left with :						
Police <input type="checkbox"/> <input type="checkbox"/> City 264-5471      CO 524-5115					Does person have insurance :						
Other :											
Area Assistant Superintendent					List witnesses : attach witness statements						
AREA I - WEST <input type="checkbox"/> <input type="checkbox"/> 643-9449      718      399-2024											
AREA II - CENTRAL <input type="checkbox"/> <input type="checkbox"/> 643-9009      718      399-2024											
AREA III - EAST <input type="checkbox"/> <input type="checkbox"/> 643-9411      718      399-2024											
PERSON (S) INVOLVED											
Name: (Last, First, Middle)				Student	Parent/ Guard. Notified	Grade	Gender	Age	Adult	Employee	Other
				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
Description of Incident: <b>IMPORTANT:</b> <i>The information contained in this report is <b>confidential and privileged</b> and will be used <b>only</b> by the Sacramento City Unified School District's attorneys, agents and representatives. Do not release to parents or other party but refer inquiries to Office of Risk Management</i>											
CONFIDENTIAL DO NOT RELEASE											
Did this accident take place on a field trip? <input type="checkbox"/> Yes <input type="checkbox"/> No – <b>IF YES</b> , attach original signed Parent Permission Form											
Was an employee injured? <input type="checkbox"/> Yes <input type="checkbox"/> No – <b>IF YES</b> , report injury to workers' compensation at <b>643-9299</b>											
Report Prepared by:				Name				Title			
Date of Report:				Time of Report:				Telephone # of Reporter			
Principal or Site Supervisor Signature :								Date:			

**SEND Copies of this report to :**  
**Risk Management, Safe Schools & Legal**