

# 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 confidential and privileged and will be used only 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 – IF YES, attach original signed Parent Permission Form											
Was an employee injured? <input type="checkbox"/> Yes <input type="checkbox"/> No – IF YES, 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**