

# 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 <small>If Yes, report injury to W/C at 643-9299 IMMEDIATELY!</small>							
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.)
Risk Management		<input type="checkbox"/>	<input type="checkbox"/>	643-9421	840	399-2071	
District Security Office		<input type="checkbox"/>	<input type="checkbox"/>	643-7444	823	399-2014	
Safe Schools Office		<input type="checkbox"/>	<input type="checkbox"/>	643-9034	821	399-2020	Time Person left :
Legal Services		<input type="checkbox"/>	<input type="checkbox"/>	643-9034	717	399-2020	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/Supervisor Signature :						Date:	

**SEND Copies of this report to:**  
**For Student Incidents:** Risk Management, Health Services and Safe Schools at box/fax listed above  
**For Employee Incidents:** Risk Management, Human Resources and Legal due to confidentiality