



CONFIDENTIAL

BUTTE SCHOOLS SELF-FUNDED PROGRAMS
BIGGS UNIFIED SCHOOL DISTRICT

Accident / Incident Reporting Form

(Please print or type)

School Site / Department _____ Today's Date _____

NAME OF INJURED PERSON: _____

Address: _____ Phone: _____

Birth Date: _____ Student: _____ Non-Student: _____ Other: _____

IF NON-STUDENT or OTHER, STATE WHY ON PREMISES: _____

DATE OF INJURY: _____ Time of day: _____ Weather problems? _____

Location: _____

How did accident occur: **(Facts only – no judgments or fault)** _____

Was any District Rule violated? Yes ___ No ___ If yes, explain: _____

DESCRIPTION OF INJURY: _____

CAUSE OF INJURY: _____

Employee in charge at time of accident: _____ Was employee present? Yes ___ No ___

MEDICAL ATTENTION GIVEN: _____

Were parents or guardian contacted? Yes ___ No ___ If yes, who? _____

Disposition of injured person: Returned to class ___ Home ___ Doctor ___ Hospital ___

<u>WITNESSES:</u>	NAME:	ADDRESS:	TELEPHONE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of person completing this report: _____ Phone: _____

This form should be completed on all injuries to student or non-students (other than District employees) and routed to the District Office. In case of serious injury, please call District Office immediately and Fax a copy of the report as soon as possible, then call and fax Christy Patterson at BSSP (530-532-5837) FAX (530-532-5836)