

Detroit Public Schools Community District Student Accident Report Report ALL accidents to Students Occurring Anywhere, Day or Night

1.	Name:	Home Address:
2.	School:	Sex: M []; F [] Age: Grade or classification
3.	Time accident occurred: Hour A.M.	P.M. Date:
4.	Place of Accident: School Bldg School C	Grounds To or from School Home Field Trip Bus
NATURE '5	☐ Abrasion ☐ Fracture ☐ Amputation ☐ Laceration ☐ Asphyxiation ☐ Poisoning ☐ Bite ☐ Puncture ☐ Bruise ☐ Scalds ☐ Burn ☐ Scratches ☐ Concussion ☐ Shock (el.) ☐ Cut ☐ Sprain ☐ Dislocation ☐ Other (specify)	DESCRIPTION OF THE ACCIDENT How did accident happen? What was student doing? Where was student? Specify any tool, machine or equipment involved.
PART OF BODY INJURED	☐ Abdomen ☐ Foot ☐ Ankle ☐ Hand ☐ Arm ☐ Head ☐ Back ☐ Knee ☐ Chest ☐ Leg ☐ Ear ☐ Mouth ☐ Elbow ☐ Nose ☐ Eye ☐ Scalp ☐ Face ☐ Tooth ☐ Finger ☐ Wrist	
6. Deg	ree of Injury: Death Permanent Impairment	☐ Temporary (lost time) ☐ Non-Disabling (no lost time)
7. Total number of days lost from school: (If more than 48 hours report on Form 54 when student returns)		
8. Teacher in charge when accident occurred (Enter name): Present at scene of accident: NO YES YES		
9. First-aid treatment By (Name):		
Sent to school nurse By (Name): Sent to physician By (Name): Physician's Name: Sent to hospital By (Name): Name of hospital:		
10. Was a parent or other individual notified? NO YES When How		
Name of individual notified: By whom? (Enter name):		
11.	Witnesses: 1. Name:	Address: Address:
12.	Athletic field Auditorium Cafeteria Classroom Corridor Dressing room Gymnasium Vo-Tech Lab Locker Pool Sch. Grounds Stairwell Showers Stairs Restroom Playground Cother (specify)	Please fax your completed report to the Office of Risk Management at (313) 873-0872
Signed Principal: Teacher:		