Lake County Office of Education
Non-Employee Accident Report

NOTE: The LCOE employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours. Please type or print using ball point pen.

DATE OF REPORT		NAME OF SCHOOL	
ADDRESS OF SCHOOL (NUMBER, STREET, CITY AND ZIP CODE)			
NAME OF INJURED PERSON (LAST, FIRST, M.I.)	AGE	GRADE	TELEPHONE NO. OF INJURED PERSON
IS INJURED PERSON A MINOR ☐ NO ☐ YES	NAME OF PARENT OR LEGAL GUARDIAN		
ADDRESS OF PERSON INJURED (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)			
WHERE DID ACCIDENT OCCUR	DATE (MONTH/DAY/YEAR)	TIME ☐ AM ☐ PM	
DESCRIBE HOW ACCIDENT OCCURRED (USE FACTS ONLY; EXCLUDE OPINIONS AND/OR ASSSUMPTIONS)			

FIRST AND LAST NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT	TITLE OF PERSON (TEACHER, VOLUNTEER, ETC.)	WAS HE/SHE PRESENT AT THE TIME? ☐ NO ☐ YES	INJURED VIOLATED SCHOOL RULE? ☐ NO ☐ YES
NAME OF WITNESS(ES)	ADDRESS	TELEPHONE NO.	STATUS (Student/Volunteer, etc.)

APPARENT NATURE OF INJURY (PLEASE CHECK)

☐ Abrasion ☐ Fracture ☐ Strain/Sprain
☐ Contusion ☐ Cut ☐ Dislocation
☐ Internal ☐ Concussion
☐ Other (Explain)_____

INJURED PART OF BODY (PLEASE CHECK)

☐ Head ☐ Finger ☐ Arm ☐ Abdomen
☐ Neck ☐ Eye ☐ Leg ☐ Hand
☐ Back ☐ Chest ☐ Face ☐ Foot
☐ Other (Explain) _____

FIRST AID PROCEDURES USED	NAME OF PERSON WHO ADMINISTERED FIRST AID	
DISPOSITION OF INJURED AFTER ACCIDENT ☐ Home ☐ Doctor ☐ Hospital ☐ Class	WHO WAS NOTIFIED	RELATIONSHIP TO INJURED
IF INJURED PUPIL LEFT SCHOOL, TO WHOM RELEASED	NAME AND ATTITUDE OF ANYONE CONTACTING SCHOOL	
STUDENT ACCIDENT BENEFITS AVAILABLE ☐ NO ☐ YES / NAME OF COMPANY	REMARKS	
REMARKS CONTINUED		
NAME OF PERSON COMPLETING REPORT	STATUS	TELEPHONE NUMBER OF PERSON
ADDRESS OF PERSON (NUMBER, STREET, CITY, STATE AND ZIP CODE)		WAS PERSON AN EYE WITNESS? ☐ NO ☐ YES
SIGNATURE OF PERSON APPROVING REPORT	DATE SIGNED	

Please return completed form to:

Tracey Newell
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707-262-4138 phone
707-263-4274 fax