

HUTCHINSON PUBLIC SCHOOLS
Accident Report by Patron/Student

Name: _____

Home Address: _____

Home Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Date of Accident: _____ Time of Accident: _____ am / pm

Where did the accident occur?

What happened (provide a brief description about the accident)?

What was the cause of the accident?

What needs to be done to prevent the accident from reoccurring?

What injuries resulted from this accident?

Was doctor care necessary? Yes No If yes, name of treating doctor: _____

Names and contact information of eyewitnesses:

Signature: _____ Today's Date: _____