

Hutchinson Public Schools  
Student/Patron Accident Report

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name (if student injury): \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM / PM

Place where accident occurred: \_\_\_\_\_

Description of the Accident

Describe the events leading up to the accident and the accident itself.

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Additional Information

What injuries resulted from the accident?

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Was doctor care necessary? Yes No

Names of eyewitnesses:

Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_