

BELLAIRE local SCHOOL DISTRICT  
ACCIDENT REPORT

MUST BE COMPLETED IMMEDIATELY (24 HOURS) AND SUBMITTED TO SUPERVISOR

**PART I. INJURED EMPLOYEE'S/STUDENT/VISITOR STATEMENT:**

I, \_\_\_\_\_ Grade \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_ at \_\_\_\_\_  
(A.M. or P.M.), I sustained an injury to my \_\_\_\_\_  
(Part of Body)  
which occurred as follows: \_\_\_\_\_

(Describe the accident in detail, stating part of body injured (use back of sheet if needed)  
Did you injure any other part of your body? \_\_\_yes \_\_\_no. Explain if yes. \_\_\_\_\_

Occupation \_\_\_\_\_ Building \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Where did accident occur? \_\_\_\_\_

Was the place of the accident on Board of Education property? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) of witnesses \_\_\_\_\_

To whom did you report the accident? \_\_\_\_\_

Date and Time reported \_\_\_\_\_

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_  
(Address and Phone Number)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of teacher if student injury (Signature of injured person)

\_\_\_\_\_  
(Social Security Number of Injured Party) (Street Address of injured person)

\_\_\_\_\_  
(Area Code and Phone Number) (City) (State) (Zip)

**PART II PRINCIPAL OR SUPERVISOR – Complete following your receipt of PART I**

Nature of injury \_\_\_\_\_  
(State Complaints and Part of Body Injured)

Sent to: \_\_\_\_\_  
(State name and address of doctor and/or hospital)

Did employee/student report back to work/class? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Returned: \_\_\_\_\_

If emergency medical treatment and transportation was requested, who made the request?: \_\_\_\_\_  
and at what time \_\_\_\_\_ a.m./p.m.

**RETURN TO CENTRAL OFFICE IMMEDIATELY**

\_\_\_\_\_  
(Date Report Completed)

\_\_\_\_\_  
(Principal or Supervisor Signature)

\_\_\_\_\_  
(Date Report Completed)

\_\_\_\_\_  
(Central Office Signature)

**ORIGINAL TO CENTRAL OFFICE - COPY TO STUDENT OR EMPLOYEE HEALTH FILE**