

FINDLAY CITY SCHOOLS
2019 Broad Avenue, Findlay, OH 45840, 419-425-8212

ACCIDENT REPORTING FORM

Fill out completely and return within 24 hours of accident to the EMIS Coordinator

Check one: Student Other (Explain) _____

Date of Accident: _____ Time: _____

Exact Location of Accident: _____

School: _____

Place at School: _____

Name and Addresses of person(s) involved:

Name: _____
Address: _____
City/State: _____
Phone: _____
Age: _____
Sex: _____

Name: _____
Address: _____
City/State: _____
Phone: _____
Age: _____
Sex: _____

Were police, fire, or rescue personnel involved? (Explain):

Was a doctor or hospital involved? (Explain):

Were there any witnesses?

Name: _____
Name: _____
Name: _____

Telephone: _____
Telephone: _____
Telephone: _____

Describe the accident and nature of injury:

Describe the weather conditions:

Name and address of person filling out this form

Name: _____
Address: _____
City/State: _____
Phone: _____
Email: _____
Today's Date: _____
Signature: _____