

Fairfield Public Schools Incident Report

Basic Information

Date of Report

Date of Incident

Time of Incident

Name of school or facility where incident took place

Specific area (e.g., gym, parking lot, front hallway)

Injured Person or Owner of Damaged Property Information

Injured / Owner Name

Full Address

Home Phone

Work Phone

Cell Phone

Age

Occupation

Employer

Injured person is Employee Student Parent Contractor Other (specify)

Describe injury

Describe first aid given, if any.

If taken to hospital or medical facility, provide name

What was injured doing?

Describe property & damage

Description of Incident

Witnesses

Name 1 Work Phone Cell Phone

Full Address Home Phone

Name 2 Work Phone Cell Phone

Full Address Home Phone

Auto Section

BOE Vehicle Description BOE Driver Name

Other Vehicle Description Other Driver Name

Other Vehicle Description Other Driver Name

Principal or Department Head Approval

Date