



ORANGE COUNTY DEPARTMENT OF EDUCATION
Formal Report of Accident/Injury

NAME _____

SCHOOL DISTRICT (if applicable) _____

PLACE WHERE ACCIDENT OCCURRED _____

DATE _____ TIME _____ FACILITY _____

DESCRIPTION OF ACCIDENT _____

Probable nature of injury _____

Nature of injury determined by _____

Persons present at time of accident _____

What was done for the injured? _____

Was injured disobeying any rule or regulation in force at the time of accident?

Was injured negligent? _____ If so, how? _____

REMARKS _____

REPORT SUBMITTED BY _____ DATE _____

SIGNED _____
Manager/Administrator