## ACCIDENT REPORT FORM

	Maine.			Home Addı	ess:		
2.	School:				Sex: M	_ F Age	e:
3.	Time accident occu	rred: Hour	AM l	PM I	Oate:		
4.	Place of Accident:	School Building	School Gr	ounds To	or From Work	Home l	Elsewhere
5. a.	Nature of Injury:	Abrasion	Amputation	Asph	vxiation	Bite	Bruise
	• •	Burn	Burn	Concussion	Cut	Dis	location
		Fracture					
		Scalds					
<b>5</b> 1	D 4 CD 1 T	1 41 1			ъ. 1	CI. 4	т.
5. D.	Part of Body Injure	a: Abdomen	Апкіе	Arm	Васк	Cnest	Еаг
		Elbow	Eye	race	Finger _ Mouth	FOOL _	
		Head	Knee	_ Leg	Nioutn	Nose	Scaip
		1 00tn	wrist	_ Otner (Spec	eify)		
spec	ifically unsafe acts a	nd unsafe conditi	ons existing. Sp	pecify any tool,	machine, or equ	uipment involv	ed.
7. To	egree of Injury: Dea otal Number of days	lost from work:			(To be filled in	when employee	n-disabling _ e returns to so
7. To t B	egree of Injury: Dea otal Number of days  3: Additional  erson in charge whe Present at scene of a	lost from work:  Information  n accident occur	n on Schoo red (Enter Nam	ol Jurisdic	(To be filled in	when employee	e returns to so
7. To t B 8. P	otal Number of days  Additional Person in charge whe	Information  In accident occur  accident: NO	1 on Schoo red (Enter Nam YES	l Jurisdic	(To be filled in	when employee	e returns to so
7. To t B 8. P	a: Additional derson in charge whe Present at scene of	Information on accident occurraccident: NO ken: First Sent	n on Schoo red (Enter Nam YES treatment to school nurse	ol Jurisdic ne): 	(To be filled in	when employee ents  ne): ne):	e returns to so
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Employee

Principal