

Policies

Westerly Public Schools Accident/Incident Reports

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Accurate and prompt accident reporting is essential if similar accidents are to be prevented from happening again. If there are injuries or damage, prompt reports also are vital in assuring the district, staff, students, and others of proper insurance coverage.

Therefore, the Board requires that an accident report be filed for every accident that takes place on school property, or that involves a school vehicle, students or staff on school-sponsored trips, or staff members on authorized school business trips. Such accident reports are required whether or not there is an injury or damage immediately evident.

For accidents involving students, the teacher responsible for the child when the accident occurred files a **Student Accident Report** with the principal on the same day. Also, teachers will promptly report to the principal and school nurse, if required, any persons or accidents occurring off school grounds or involving school transportation vehicles; for these incidents, the accident reports will be filed in accordance with procedures developed by the superintendent or Risk Manager and included below.

All district-owned vehicular accidents/incidents will be reported immediately to the supervisor of transportation, by telephone or oral report, followed by an **Automobile Accident Reporting Form** within twenty-four hours. Police Report should be included. The Reporting form, along with pictures of the damage and Police Report must be forwarded to the Risk Manager.

All on-the-job accidents/incidents will be reported in writing to the **Director of Human Resources** or his/her designee, school nurse if needed and to the appropriate supervisor, principal/director.

All patron accidents, other than those listed above, should be reported using the **General Liability Claim Reporting Form**, to the Town Risk Manager and should include an Accident Report, with pictures of conditions or the **Property Loss or Damage Report** if property is involved.

Student Accident Report

Date of Accident: _____ Time: _____

Student(s) Name: _____ Time of Dismissal: _____

Place where accident occurred:

Student's School: _____

Student(s) Teacher: _____ Grade: _____ Room Number: _____

Parent Notified: Yes: _____ No: _____ Time: _____

School Nurse Notified: Yes: _____ No: _____ Time: _____

Report from Manager or Teacher (indicate nature of activity in which child was engaged, locations of injury: right or left hand, thumb, eye, etc.)

Report from staff who administered first aid: _____

Out of School Time / Manager Signature

Date of Report

Teacher Signature

Date

Parent Signature

Date

It is the policy of Westerly Public Schools not to discriminate in its educational program activities, or employment policies on the basis of age, color, gender, national origin, race, religion, sexual orientation or disability. If special accommodations are needed call 348-2700, 48 hours in advance.



AUTOMOBILE ACCIDENT REPORTING FORM

Date of Accident: _____

Location of Accident: (include city and state) _____

Police Dept.: _____ Case #: _____

Description of Occurrence: _____

Name and address of injured: (Owner of property if property damage.)

Phone Numbers: Home: _____ Work: _____

Description of Injury: _____

Description of property damaged: _____

Witnesses (if any): _____

Additional comments: _____

Insured Vehicle: Year: _____ Make: _____ VIN: _____

Driver Name: _____ License #: _____

Reported By: _____ Date of Report: _____



GENERAL LIABILITY CLAIM REPORTING FORM

Site Code (If Applicable) _____ Phone Number: _____

Date of Report: _____ Date of Incident: _____ Time: _____ AM/PM

Reported by: _____ Title: _____

Type of Incident: Property Damage: _____ Injury: _____

Injury Treatment:

First Aid? **Yes/No** Refused? **Yes/No** EMS Called? **Yes/No** Transport? **Yes/No**

Injured Person/Damaged Property Owner Information:

Name: _____

Address: _____

Phone (home): _____ Phone (work): _____

Specific Location: _____

Conditions: _____

Description of Incident: _____

Witnesses Name: _____

Address: _____

Phone: _____

Signature of involved person _____ *Date:* _____



PROPERTY LOSS OR DAMAGE REPORT

Location/Department: _____

Property Belongs To: _____

Date of Incident: _____ Time of Incident: _____

Description of Lost/Stolen/Damaged Property: _____

Specific Location of Lost/Stolen/Damaged Property:

Person Immediately Responsible for Property:

How Did Damage/Loss Occur?

What has been done to repair damage or recover lost item(s)?

Reported By:

Date of Report:

Signature : _____

Phone #: _____



Adopted and Amended: May 19, 2004

Revised: January 3, 2007

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