



**Corona-Norco Unified School District
NON-STUDENT ACCIDENT / INCIDENT REPORT**

<p><i>THE SCHOOL EMPLOYEE WHO WITNESSES THE PERSON'S INJURY SHOULD COMPLETE THIS FORM. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE</i></p>	<p>THIS REPORT IS FOR THE CONFIDENTIAL USE OF THE INSURANCE COMPANY AND OF ATTORNEYS FOR CNUSD AND ITS EMPLOYEES IN DEFENDING LITIGATION.</p>
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NAME:	SCHOOL SITE:
ADDRESS:	SCHOOL ADDRESS:
PHONE NO.:	PHONE NO.:

WHERE DID ACCIDENT/INCIDENT OCCUR?

DATE:	TIME:
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HOW DID ACCIDENT/INCIDENT OCCUR?

NATURE OF INJURY (INCLUDE BODY PART, RIGHT or LEFT):

FIRST AID APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO	BY WHOM?	DISPOSITION OF INJURED PERSON (HOME, DOCTOR, HOSPITAL)

HEAD INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD INJURY FORM GIVEN TO INJURED PERSON <input type="checkbox"/> YES <input type="checkbox"/> NO
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WITNESSES PRESENT AT TIME OF ACCIDENT/INCIDENT

NAME:	ADDRESS:	PHONE NO.:

WAS INJURED PERSON TOLD THEY WOULD BE CONTACTED AGAIN? YES NO

IF YES, EXPLAIN BELOW

COMMENTS:

REPORT SUBMITTED BY	POSITION	DATE

PRINCIPAL or DESIGNATE	DATE