



## Corona-Norco Unified School District

### NON-STUDENT ACCIDENT / INCIDENT REPORT

**THE SCHOOL EMPLOYEE WHO WITNESSES THE PERSON'S INJURY SHOULD COMPLETE THIS FORM. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE**

**THIS REPORT IS FOR THE CONFIDENTIAL USE OF THE INSURANCE COMPANY AND OF ATTORNEYS FOR CNUSD AND ITS EMPLOYEES IN DEFENDING LITIGATION.**

<b>NAME:</b>		<b>SCHOOL SITE:</b>	
<b>ADDRESS:</b>		<b>SCHOOL ADDRESS:</b>	
<b>PHONE NO.:</b>		<b>PHONE NO.:</b>	
<b>WHERE DID ACCIDENT/INCIDENT OCCUR?</b>			
<b>DATE:</b>		<b>TIME:</b>	
<b>HOW DID ACCIDENT/INCIDENT OCCUR?</b>			
<b>NATURE OF INJURY (INCLUDE BODY PART, RIGHT or LEFT):</b>			
<b>FIRST AID APPLIED</b>		<b>BY WHOM?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<b>DISPOSITION OF INJURED PERSON (HOME, DOCTOR, HOSPITAL)</b>	
<b>HEAD INJURY</b>		<b>HEAD INJURY FORM GIVEN TO INJURED PERSON</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>WITNESSES PRESENT AT TIME OF ACCIDENT/INCIDENT</b>			
<b>NAME:</b>		<b>ADDRESS:</b>	
		<b>PHONE NO.:</b>	
<b>WAS INJURED PERSON TOLD THEY WOULD BE CONTACTED AGAIN?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</b>			
<b>IF YES, EXPLAIN BELOW</b>			
<b>COMMENTS:</b>			
<b>REPORT SUBMITTED BY</b>		<b>POSITION</b>	<b>DATE</b>
<b>PRINCIPAL or DESIGNATE</b>		<b>DATE</b>	

SUBMIT COMPLETED FORM TO RISK MANAGEMENT