

ATLANTIC COUNTY  
SPECIAL SERVICES SCHOOL  
INCIDENT/ACCIDENT REPORT FORM

**How reported:**  
Phone  
In person  
Other

Use this form to report all incidents and/or accidents. Report must be forwarded to school business administrator within 48 hours.

Type of incident/accident report:  
(please check one)

Security  
Employee  
Student (Non-employee)

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Incident Location: \_\_\_\_\_

School:                      Elementary/Middle                      High School

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

OR

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Description of Incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ {if you need more space, use the other side →}

Witness Name: \_\_\_\_\_ Witness Phone #: \_\_\_\_\_

**To be completed by School Nurse only**

Treatment of injury by:       School Nurse                       Doctor/Hospital/Med. Ctr.

Treatment given on-site by School Nurse:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ {if you need more space, use the other side →}

Workers Comp information given:       Yes                       No

\_\_\_\_\_  
Nurse's Signature                      Date \_\_\_\_\_

I have reviewed the nurse's notes above.  
\_\_\_\_\_  
Employee's Signature                      Date \_\_\_\_\_

**For administrative use only**

An EVVRS Reporting form will be completed on this incident:

Yes                       No

\_\_\_\_\_  
Principal/Administrator                      Date \_\_\_\_\_

BOE approved 1/29/09  
1/09 - amg

**For Security Incidents only:**  
Police Case #: \_\_\_\_\_  
Video Coverage: \_\_\_\_\_  
\_\_\_\_\_  
Security Officer Signature  
\_\_\_\_\_  
Date \_\_\_\_\_