



### ACCIDENT/INJURY/INCIDENT REPORT

Use of this form is required for all incidents involving personal injury, property damage or "near miss" (incidents which could have resulted in injury or damage). This is a CONFIDENTIAL REPORT for transmission to and use by Molalla River School District only.

1. Name of person completing report: \_\_\_\_\_

2. INCIDENT (check all that apply):

Student  Staff  Visitor  Injury  Illness  Property Damage  Near Miss  Other

3. INCIDENT INFORMATION:

Date/Time of Incident: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_

Did incident occur on district property:  Yes, office or school: \_\_\_\_\_

No, off site location: \_\_\_\_\_

Description of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MRSD employees involved: \_\_\_\_\_

Names/contact information of witnesses: \_\_\_\_\_  
\_\_\_\_\_

4. INJURED PARTY (use a separate sheet for each injured person):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  Male  Female

5. MEDICAL TREATMENT:  First-aid rendered: Name of responder: \_\_\_\_\_

Transported to Hospital: \_\_\_\_\_

Assessed by District RN (see back of form)  Other: \_\_\_\_\_

6. MEDICAL RESTRICTIONS:  None  Temporary Disability  Clinical documentation attached

Restrictions \_\_\_\_\_

Provider/Facility: \_\_\_\_\_ Contact: \_\_\_\_\_

7. FINDINGS: This incident was the result of  Unsafe Act  Unsafe Condition  Neither

8. ACTIONS TAKEN (to prevent recurrences, if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. SIGNATURES:

Preparer's Signature

Employee ID

Date

Administrator's Signature

Employee ID

Date

