



# Winston-Dillard School District 116

Code: **EBAC-AR(2)**

Revised/Reviewed: 10/08/14

## Injury Incident Report

1. Student Name: \_\_\_\_\_ 2. Grade: \_\_\_\_\_ 3. ( ) Male ( ) Female  
 4. School Name: \_\_\_\_\_ 5. Date of Incident: \_\_\_\_\_ 6. Time of incident: \_\_\_\_\_  
 7. Witnesses: \_\_\_\_\_ Phone: \_\_\_\_\_ Staff ( ) Y ( ) N  
 Witnesses: \_\_\_\_\_ Phone: \_\_\_\_\_ Staff ( ) Y ( ) N  
 8. First aid given:  Ice  Washed wound  Kept immobile  Stopped bleeding  
 Observed  Applied splint  Applied dressing  Other

Explain: \_\_\_\_\_

9. Body part injured:

- |  |  |  |   |
|--|--|--|---|
| <p><b>Head</b></p> <input type="checkbox"/> Ear<br><input type="checkbox"/> Eye<br><input type="checkbox"/> Face<br><input type="checkbox"/> Head<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Scalp | <p><b>Trunk</b></p> <input type="checkbox"/> Abdomen<br><input type="checkbox"/> Back<br><input type="checkbox"/> Chest<br><input type="checkbox"/> Groin<br><input type="checkbox"/> Shoulder<br><input type="checkbox"/> Trunk | <p><b>Extremities</b></p> <input type="checkbox"/> Ankle<br><input type="checkbox"/> Elbow<br><input type="checkbox"/> Finger<br><input type="checkbox"/> Foot<br><input type="checkbox"/> Hand<br><input type="checkbox"/> Hip<br><input type="checkbox"/> Knee | <p><b>Other</b></p> <input type="checkbox"/> Lower arm<br><input type="checkbox"/> Lower leg<br><input type="checkbox"/> Thumb<br><input type="checkbox"/> Toes<br><input type="checkbox"/> Upper arm<br><input type="checkbox"/> Upper leg<br><input type="checkbox"/> Wrist |
|--|--|--|---|

10. Type of injury suspected:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Laceration/Abrasion | <input type="checkbox"/> Bruise/Contusion | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sprain/Strain       | <input type="checkbox"/> Dislocation      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fracture            | <input type="checkbox"/> Concussion       |                                      |
| <input type="checkbox"/> Surface Cut/Scratch | <input type="checkbox"/> Burn             |                                      |

11. Action taken:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Parent took home           | <input type="checkbox"/> Transfer to hospital | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Returned to class          | <input type="checkbox"/> Called 911           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent took to doctor      | <input type="checkbox"/> Parent took to ER    |                                      |
| <input type="checkbox"/> Time spent in office _____ |   |                                      |

12. Explanation of accident:

- |  |  |
|--|--|
| <input type="checkbox"/> Collision with person     | <input type="checkbox"/> Collision with object. What object? _____ |
| <input type="checkbox"/> Injury to self            | <input type="checkbox"/> Hit with object. What object? _____       |
| <input type="checkbox"/> Fall _____ Height of fall | <input type="checkbox"/> Other _____                               |

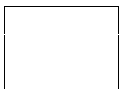
13. Accident location:

- |  |                                       |                                   |                                      |
|--|---------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Classroom     | <input type="checkbox"/> Playground   | <input type="checkbox"/> Gym      | <input type="checkbox"/> P.E. Class  |
| <input type="checkbox"/> Stairs        | <input type="checkbox"/> Hallway      | <input type="checkbox"/> Bus      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Before school | <input type="checkbox"/> After school | <input type="checkbox"/> Assembly | <input type="checkbox"/> Other _____ |

14. Surface

- |                                   |                                     |  |   |
|-----------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Blacktop | <input type="checkbox"/> Dirt       | <input type="checkbox"/> Grass             | <input type="checkbox"/> Synthetic surface      |
| <input type="checkbox"/> Carpet   | <input type="checkbox"/> Pea gravel | <input type="checkbox"/> Mats              | <input type="checkbox"/> Thickness of mat _____ |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Sand       | <input type="checkbox"/> Wood chips        | <input type="checkbox"/> Depth of chips _____   |
| <input type="checkbox"/> Ice/Snow | <input type="checkbox"/> Rain       | <input type="checkbox"/> Synthetic surface | <input type="checkbox"/> Other _____            |

15. Activity:



- |                      |                       |                     |                    |                |
|----------------------|-----------------------|---------------------|--------------------|----------------|
| 1. Baseball/Softball | 6. Fighting           | 11. Playing on bars | 16. Soccer         | 20. Volleyball |
| 2. Basketball        | 7. Football           | 12. Running         | 17. Swinging       | 21. Walking    |
| 3. Bicycling         | 8. Jumping            | 13. Rough housing   | 18. Throwing rocks | 22. Cooking    |
| 4. Climbing          | 9. Kickball           | 14. Sliding         | or snowballs       | 23. Other:     |
| 5. Dodge ball        | 10. Playground equip. | 15. Weight room     | 19. Track/Field    |                |

16. Equipment:

- Was playground equipment involved in injury?  Yes  No
- If yes, (a) Did equipment appear to be used appropriately?  Yes  No
- (b) Was there any apparent malfunction of the equipment?  Yes  No
- What equipment?  Swing  Arch climber  Slide  Sliding pole  
 Chinning bar  Monkey bar  Jungle gym  Other \_\_\_\_\_

17. Describe how the incident happened: \_\_\_\_\_

Print/Sign name: \_\_\_\_\_  
(Person filing report)

\_\_\_\_\_  
(Principal)