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Western Sierra Charter School School District

STUDENT INCIDENT REPORT

1. STUDENT _____

2. ADDRESS _____

SS# _____ TEL _____

3. GRADE _____ DATE OF BIRTH _____

4. PARENTS _____

5. SCHOOL _____

6. CONTACT _____ TEL _____

7. DATE INJURED _____ TIME _____ AM/PM

8. WITNESSES:

a. _____ TEL _____

b. _____ TEL _____

9. WAS THE INJURY FATAL? yes no DID THE INJURY CAUSE STUDENT TO BE ABSENT? yes no NUMBER OF DAYS _____

10. NATURE OF INJURY (please enter appropriate codes for the injury and the area affected, if more than one begin with the most severe):

Injury

a. Most Severe _____

b. Other (if any) _____

c. Other (if any) _____

Injury Codes:		
1. Cut	5. Bite	9. Broken Bone
2. Abrasion	6. Nosebleed	10. Burn
3. Bruise	7. Pain	11. _____
4. Sprain	8. Concussion (or suspected)	

Area affected

a. Most Severe _____

b. Other (if any) _____

c. Other (if any) _____

Area Affected Codes:					
1. Head	5. Eye	9. Shoulder	13. Elbow	17. Stomach	21. Ankle
2. Face	6. Mouth	10. Back	14. Wrist	18. Hips/Buttocks	22. Foot
3. Ear	7. Chin	11. Chest	15. Hand	19. Legs	23. Toe
4. Nose	8. Neck	12. Arm	16. Finger	20. Knee	24. _____

11. DESCRIPTION OF INCIDENT (MUST BE COMPLETED) _____

12. WAS A SCHOOL RULE VIOLATED? yes no By Whom? (explain) _____

13. OTHER CONTRIBUTING FACTORS (Check all that apply)
- | | | |
|--|---|--|
| <input type="checkbox"/> Animal bite
<input type="checkbox"/> Contact with heat/flame
<input type="checkbox"/> Fighting/roughhousing
<input type="checkbox"/> Insect bite/sting | <input type="checkbox"/> Chemical Contact/inhalation/ingestion
<input type="checkbox"/> Contact with equipment (pe/lab/shop/etc.)
<input type="checkbox"/> Collision with person/object
<input type="checkbox"/> Tripped/slipped | <input type="checkbox"/> Foreign body/object in eye
<input type="checkbox"/> Hit by thrown/flying object
<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Compression/pinch |
| <input type="checkbox"/> Fall
<input type="checkbox"/> Human bite
<input type="checkbox"/> Unknown
<input type="checkbox"/> _____ | | |

Questions 14, 15, 16, 17: CIRCLE THE CODE(S) WHICH APPLY, IN EACH CATEGORY.

14 - ACTIVITY CODES: 1. Competitive Sport 2. Physical Ed. a. Football b. Baseball/Softball c. Basketball d. Soccer e. Track/Field f. Swimming/Diving g. Wrestling h. Gymnastics i. Cheerleading j. _____ 3. Classroom Instruct. a. Arts/Crafts	b. Agriculture c. Homemaking d. Laboratory Science e. Metal/Welding Shop f. Performing Arts g. Wood Shop h. Classroom i. _____ 4. Recess (specify) a. Supervised Activity b. Unsupervised Activity 5. Field Trip 6. Transportation	7. Food Service 8. Athletic Event 9. _____ 10. _____ 11. _____ 15 - LOCATION CODES 1. Gymnasium 2. Shower/dressing room 3. Playing field 4. Hard surface play court 5. Swing 6. Slide 7. Climber	8. Sand Box 9. Classroom 10. Kitchen/Dining room/cafeteria 11. Auditorium 12. Office 13. Hallway 14. Sidewalk 15. Driveway/Parking Area 16. _____ 17. _____ 16 - SURFACE CODES 1. Carpet 2. Hard Flooring 3. Concrete 4. Asphalt 5. Grass 6. Bare Dirt 7. Sand 8. Gravel 9. Wood Chips 10. Soft Mat 11. _____	17 - PERIOD CODES 1. Before School 2. During School (if high school Please specify 1 st period, 2 nd Pe etc.) 3. During lunch or other break period. 4. During a school program 5. After School 6. _____ 7. _____
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18. ACTIONS TAKEN BY SCHOOL (Please complete all that apply):

<input type="checkbox"/> First aid administered Time: _____ AM/PM <input type="checkbox"/> Parent/guardian notified Time: _____ AM/PM <input type="checkbox"/> Unable to reach parent Time: _____ AM/PM <input type="checkbox"/> Checked by school nurse/EMT/Paramedic _____	By whom _____ Job Title: _____ By whom _____ Job Title: _____ <input type="checkbox"/> Returned to class <input type="checkbox"/> Sent/taken home <input type="checkbox"/> Taken to hospital/emergency facility _____	
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19. ACTIONS TAKEN BY PARENT (if applicable, PLEASE indicate information below)

Parents deemed no medical action necessary _____

Taken to Doctor/Hospital/Emergency Facility _____ Diagnosis _____

Restricted school activities (what & how long) _____

SUBMITTED BY: _____ TITLE: _____

DISTRICT OFFICE USE:

Corrective action taken: _____