



INCIDENT REPORT

Risk Management
301 N. 9th Street
Richmond, VA 23219
804-780-4120 (Office)
804-780-8279 (Fax)

Please check incident referenced: **Student Injury** [] **Non-Employee Injury** [] **Property Damage** []

Reported By:		Reported To:	<input type="checkbox"/> Telephone <input type="checkbox"/> In-person
Name of Student/Claimant:		Time reported:	Date Reported:
Address:			
Contact Person:	Home Telephone:	Work Telephone:	
Place of School/Business:		<input type="checkbox"/> Liability <input type="checkbox"/> Property	
Date of Accident/Incident:	Time of occurrence:	<input type="checkbox"/> Property Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Student <input type="checkbox"/> Non-Employee	
Location of Accident/Incident:			
Description of Accident/Incident:			
Description of Injury or Property Damage: (use additional sheets to list damaged property to include serial/make/model number and value of item)			
Immediate Action: First-Aid Treatment by _____ Sent to Physician by _____ Sent to School Nurse by _____ Sent to Hospital by _____ Sent Home by How Transported? _____ Emergency vehicle? [] Yes [] No		Police/Fire Report: Yes ____ No ____	
		Officer's Name:	
		Name/Address of Witnesses:	
Remarks/Comments:			
Principal/Supervisor signature:		Date:	
Please send any documentation such as pictures, statements, etc...when submitting this form via email (sholland@richmond.k12.va.us) or 804-780-8279 Fax. Thank you.			