



Knox County Career Center

306 Martinsburg Road ■ 308 Martinsburg Road ■ 310 Martinsburg Road ■ 1481 Yauger Road
Mount Vernon, Ohio 43050

Accident / Incident Report (Please circle one)

1. Name of Student/Claimant: _____
Last First Middle

2. Student/Claimant Address: _____
Street City State Zip

3. Current Phone Number: _____
Cell Home

4. Student/Claimant Age _____ Gender _____ Grade/Program _____

5. Date of accident/incident: _____ Time of accident/incident: _____

a. **How and where it occurred** (campus building (1-4), parking lot, etc.):

b. **Nature of injury (if application):**

c. **Police/Emergency Services Contacted: Yes/No**

6. On the date of the accident/incident (for this student/claimant):

Time school convened: _____ Time school dismissed: _____

7. Describe student's/claimant's activity at the time of injury:

8. First aid measures taken:

9. Name of person supervising activities: _____

10. Date this form was completed: _____

11. Signature of person completing form: _____

Route:

____ Director