

ACCIDENT REPORT FORM
Pleasant Hill CUSD #3

Name: _____ DOB: _____ M / F

Date & Time of Accident: _____

Location of Accident (Building and/or Room): _____

Nature of the Injury: _____

Witnesses: _____

Management of the Injury: _____

Person submitting report: _____

Date submitted: _____

Accident reports are to be filed at the district office within 24 hours of the incident.