

Cambridge School Department  
Department of Safety and Security  
459 Broadway  
Cambridge, MA 02138

## STUDENT ACCIDENT REPORT FORM

Accident reports should be filled out and sent to the above office immediately after an accident. One copy should remain in school filed.

Name of Injured Person: \_\_\_\_\_ Report Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Accident Date/Time: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Other Witnesses: \_\_\_\_\_

Part of Body Injured: \_\_\_\_\_

Apparent Extent of Injury: \_\_\_\_\_

Describe How Accident Occurred: \_\_\_\_\_

Was a second person involved in Accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Second Person: \_\_\_\_\_

Home Address/Phone: \_\_\_\_\_

Describe first aid rendered: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Safety Office Notified: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Principal Notified: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

In case of a serious accident, call Security and Safety Office at 617.349.6772 or 6773.

\_\_\_\_\_  
Signature of Person Submitting Report