



California Risk Management Authority
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STUDENT INCIDENT REPORT

1. STUDENT _____	5. SCHOOL _____
2. ADDRESS _____	6. CONTACT _____ TEL _____
SS# _____ TEL _____	7. DATE INJURED _____ TIME _____
3. GRADE _____ DATE OF BIRTH _____	8. WITNESSES:
4. PARENTS _____	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	Area affected
a. Most Severe _____	a. Most Severe _____
b. Other (if any) _____	b. Other (if any) _____
c. Other (if any) _____	c. Other (if any) _____

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

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

14 - ACTIVITY CODES:

- | | | |
|------------------------|--------------------------|-------------------|
| 1. Competitive Sport | b. Agriculture | 7. Food Service |
| 2. Physical Ed. | c. Homemaking | 8. Athletic Event |
| a. Football | d. Laboratory Science | 9. _____ |
| b. Baseball/Softball | e. Metal/Welding Shop | 10. _____ |
| c. Basketball | f. Performing Arts | 11. _____ |
| d. Soccer | g. Wood Shop | |
| e. Track/Field | h. Classroom | |
| f. Swimming/Diving | i. _____ | |
| g. Wrestling | 4. Recess (specify) | |
| h. Gymnastics | a. Supervised Activity | |
| i. Cheerleading | b. Unsupervised Activity | |
| j. _____ | | |
| | 5. Field Trip | |
| 3. Classroom Instruct. | 6. Transportation | |
| a. Arts/Crafts | | |

15 - LOCATION CODES

1. Gymnasium
2. Shower/dressing room
3. Playing field
4. Hard surface play court
5. Swing
6. Slide
7. Climber

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 1st period, 2nd Pe etc.)
3. During lunch or other break period.
4. During a school program
5. After School
6. _____
7. _____

18. ACTIONS TAKEN BY SCHOOL (Please complete all that apply):

<input type="checkbox"/> First aid administered	Time: _____	By whom _____	Job Title: _____
<input type="checkbox"/> Parent/guardian notified	Time: _____	By whom _____	Job Title: _____
<input type="checkbox"/> Unable to reach parent	Time: _____	<input type="checkbox"/> Returned to class	<input type="checkbox"/> Sent/taken home
<input type="checkbox"/> Checked by school nurse/EMT/Paramedic _____		<input type="checkbox"/> Taken to hospital/emergency facility _____	

19. ACTIONS TAKEN BY PARENT (if applicable, PLEASE indicate information below)

- Parents deemed no medical action necessary
- Taken to Doctor/Hospital/Emergency Facility
- Restricted school activities (what & how long)

SUBMITTED BY: _____ TITLE: _____

DISTRICT OFFICE USE:

Corrective action taken: _____