

**CLINTON-MASSIE LOCAL SCHOOL DISTRICT  
2556 LEBANON ROAD  
CLARKSVILLE, OH**

**ACCIDENT REPORT**

NAME OF INJURED \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_

PLACE OF ACCIDENT: SCHOOL BUILDING \_\_\_\_\_

TO/FROM SCHOOL \_\_\_\_\_

ELSEWHERE \_\_\_\_\_

WAS FAMILY NOTIFIED? \_\_\_\_\_ BY WHOM? \_\_\_\_\_

NATURE OF ACCIDENT: (Specify Part of Body Injured)

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DESCRIPTION OF ACCIDENT: \_\_\_\_\_

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FIRST AID GIVEN BY: \_\_\_\_\_

WITNESS TO ACCIDENT: \_\_\_\_\_

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ADDITIONAL REMARKS: \_\_\_\_\_

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THIS REPORT WAS PREPARED BY: \_\_\_\_\_

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