

New Brunswick
DEPARTMENT OF EDUCATION
Appendix A
Accident Report Form

District: _____
School No.: _____
School Name: _____

POLICY 129

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NOTE: This form does not apply to accidents involving employees. In those instances, employees must complete [Form 67 – Workplace Health, Safety and Compensation – Report of Accident or Industrial Disease](#).

Contact Information

Name of person(s) involved in the accident _____
Student <input type="checkbox"/> Visitor <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> _____
If student, name of parent/guardian _____
Grade level of student _____ Age of student _____
Address _____ _____
Phone number _____
If student, address and phone number of parent/guardian (if different from above) _____ _____

Accident Information

Location of accident _____ <i>(*If possible, please provide pictures of accident site.)</i>
Date of accident _____ Time of accident _____ am/pm
Activity/Event at the time of accident (e.g. recess on the playground, movie night, sporting event) _____ _____ _____
Details and description of possible injury _____ _____ _____

Accident Information (continued)

Details of treatment administered / Action taken by whom?

Medical attention received, if known (e.g. ambulance, hospital, doctor visit)?

Yes No Don't know

Notification, if a student

Parent/guardian notified? Yes No By whom? _____

Date and time of notification _____

Action taken by parent/guardian, if any (e.g. pick student up from school)

Witness information

Names, contact information and statements of all witnesses.

(Note: Information in each witness' statement should include the same type of information that is requested in this accident report form. Please attach statement(s) to this form).

Authorization

Report completed by _____

Title _____ Date _____

Principal/supervisor _____ Date _____

ADDITIONAL INFORMATION TO BE COMPLETED BY THE PRINCIPAL (if applicable):

Weather Conditions

What were the weather conditions at the time of the accident (e.g. clear, raining, snowing, icy, foggy)?

In the case of ice and snow, was the area salted/sanded? If so, when was the last time salt/sand was applied to the area and by whom?

Slip and Fall Accident

What was the person wearing on his/her feet at the time of the fall?

Was the individual carrying anything at the time of the fall? If so, what?

Playground Equipment

Who was on duty when the accident occurred (if during school hours)?

Condition of playground equipment, if applicable.

Accident Site

Have there been any prior complaints regarding the accident site (e.g. broken/faulty equipment, ongoing construction, other slip and falls)? If so, please describe.

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Follow-up

What additional actions (if any) were taken within the first 48 hours after the accident occurred? Please describe any subsequent follow-up.

Other

Describe the lighting in the area where the accident occurred (e.g. adequate, poor, no lighting).

Other relevant information (include any personal or public property damage).

*(*Attach photographs, if available.)*

Authorization

Principal's signature _____ Date _____