

Davenport Community School District

NON EMPLOYEE INJURY REPORT

This report must be filed within 24 hours. Send to Safety Office, Operations Center.

1. Name of injured _____
(First) (Last)

2. SS# _____ Phone _____

3. Home address _____

(City) (State) (Zip)

4. Age _____ 5. Sex _____ 6. Marital Status _____

7. Date/Time of Injury _____ 8. Place of Injury _____

9. Was place of accident on School District premises? Yes _____ No _____

10. Describe fully how the accident or injury occurred.

11. Did injured require treatment by a doctor at the time of the injury? Yes _____ No _____

12. Name and address of doctor consulted. _____

Phone _____

13. Did injured require treatment at a hospital at the time of the injury? Yes _____ No _____

14. Name and address of hospital. _____

Phone _____

15. Name and address of witnesses _____

Phone _____

16. Date of report _____

Injured's Signature _____

Principal's Signature _____