

**TRANSPORTATION ACCIDENT/INJURY INCIDENT REPORT
BIGFORK SCHOOL DISTRICT #38**

Date & Time of Accident/Injury: _____

Location of Accident/Injury: _____

Reported by & Title: _____

Law enforcement notified: YES <input type="checkbox"/> NO <input type="checkbox"/>
Law enforcement officer name & badge #: _____
Law enforcement entity name & address: _____
Law enforcement investigation/report #: _____

Was professional Medical response at scene: YES <input type="checkbox"/> NO <input type="checkbox"/>
(It is recommended that in the event of bodily injury you call 911 and get medical attention for the injured party).
Medical Response entity name & address: _____
Was injured party transported by ambulance: YES <input type="checkbox"/> NO <input type="checkbox"/>

Name of injured or owner of damaged property: _____

Address: _____

Phone #s: Home _____ Cell _____ Work _____

What are the apparent injuries or damaged property: _____

Witnesses

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

