

# IVYMOUNT SCHOOL

## Vehicle Accident/Incident Report Return to Human Resources

**Complete all sections applicable, including Nurses.**

Submitted by: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Place of accident: \_\_\_\_\_

Please describe the accident in as much detail as possible: \_\_\_\_\_

Who was driving? \_\_\_\_\_

List all individuals in the vehicle: \_\_\_\_\_

Any injuries? \_\_\_\_\_ If yes, please describe in detail: \_\_\_\_\_

Time seen by nurse: \_\_\_\_\_ Time released from nurse: \_\_\_\_\_

Parents notified? \_\_\_\_\_ Were all passengers in seat belts? \_\_\_\_\_

Was there another vehicle involved? \_\_\_\_\_

Is there any damage to the Ivymount vehicle? \_\_\_\_\_

Is there any damage to another vehicle, person, or property? \_\_\_\_\_ If yes,  
please describe in detail: \_\_\_\_\_

Describe in as much detail as possible what happened in the accident:

List any witnesses: (Witnesses should fill out **separate** report; Occurrence section only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Assistance

Nurse Report:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital/Physician Referral:

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Parent

Referral: \_\_\_\_\_

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**Business Office**

Workers Comp.: YES \_\_\_\_\_ NO \_\_\_\_\_ Time Lost: \_\_\_\_\_

Filed with Insurance agent: YES \_\_\_\_\_ Date \_\_\_\_\_

Reported to Ivymount insurance company? \_\_\_\_\_

Follow-up Actions/Recommendations:

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Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_