

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:

Signature: _____ Date: _____

Hospital/Physician Referral:

Parent

Referral: _____

Business Office

Workers Comp.: YES _____ NO _____ Time Lost: _____

Filed with Insurance agent: YES _____ Date _____

Reported to Ivymount insurance company? _____

Follow-up Actions/Recommendations:

Reviewed By: _____ Date: _____