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:

________________________________________

_______________________________

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: ________________________