

Marathon Central School District
1 East Main Street, PO Box 339
Marathon, New York 13803

Reportable Accident Form

Check One: Student/Athlete Employee

SECTION A: Event

Name of Person Filing this Report _____ Title _____

Date of Accident: _____ Hour (AM/PM): _____ Was the Individual Treated? Yes No Hospitalized: Yes No

Where was treatment provided? (Check all that apply): On-Site (Please Specify) _____ Ambulance Hospital

If more than one person was injured, how many were injured? (Complete a form for each individual) _____

SECTION B: Facility Information

At what facility did the accident occur? Bus Garage Appleby ES High School Other _____

Where did the injury occur? (Please be Specific) _____

SECTION C: Individual's Description

Name of Individual (Last, First, MI.) _____ (SS# _____) Age _____ Male Female

Permanent Street Address (If Known) _____

Town, Village or City _____

Area Code/Home Phone Number _____

Name of Parent or Legal Guardian (Last, First, MI) _____

SECTION D: Injury Description (Check All That Apply; Provide Necessary Details in the Space Provided)

Type of Injuries:

- Burn Bruise Concussion Cut/Puncture Dislocation Fracture Sprain
 Suffocation/Drowning Other (Please specify) _____

Area(s) Injured:

- Ankle Arm Back Eyes Face Foot Hand Head
 Hip Knee Leg Neck Respiratory Shoulder Trunk Wrist
 Other (Please specify) _____

Describe the injured area and indicate **LEFT** or **RIGHT** (if necessary) for any of the above checked items: _____

What was the individual doing?

- Athletics Classroom Activity Cooking Lab Activity Eating
 Extra-Curricular Fighting Operating Machinery Physical Education Play Period
 Restraining Supervision Transportation _____ Other (Please Specify) _____

Please provide the specific activity that was taking place at the time of the injury: _____

