

**Record of Personal Injury or Accident on Monroe Township School District Property.
This Incident Report is used to document an occurrence in a School District building or on School
District property in which someone other than an employee or student is injured.**

If there are witnesses to the incident, a signed statement should be requested.
This form, and any witness statement, should be completed and forwarded to the
Business Office, Administration Building, within two days of the incident.

PLEASE PRINT:

Name of injured: _____ Phone #: _____

Street: _____ Date of Birth: _____

City/State/Zip: _____

Location of Incident/Accident: _____

Date and Time of Incident/Accident: _____

Describe Incident/Accident: _____

Name/Address/ Phone # of Witness: _____

Was any medical treatment needed? _____

Name/Address/Phone # of Doctor or Facility: _____

Signature of Injured: _____ Date: _____

Print name of person completing form: _____ Phone #: _____

Signature of person completing form: _____ Date: _____