



# USD 210 ACCIDENT FORM



NAME

SEX

AGE

GRADE

SCHOOL

TOWN (WHERE ACCIDENT OCCURRED)

DATE

TIME

DEGREE OF INJURY (FATAL OR NON FATAL)

NATURE OF THE INJURY		PART OF BODY INJURED	
1. AMPUTATION	13. PUNCTURE	1. LOWER ARM	15. NECK
2. ASPHYXIATION	14. ABRASION	2. FINGER	16. ANKLE
3. BITE	15. DISLOCATION	3. KNUCKLE	17. FOOT
4. STING	16. FRACTURE	4. HAND	18. KNEE
5. BONE CHIP	17. INTERNAL INJURY	5. SHOULDER	19. THIGH
6. CONTUSION	18. LIGAMENTS	6. UPPER ARM	20. HAMSTRING
7. BURN	19. CARTILAGE	7. WRIST	21. TOE
8. SCALD	20. POISONING	8. EAR	22. COLLAR BONE
9. CONTUSION	21. ELECTRICAL SHOCK	9. EYE	23. BACK
10. BRUISE	22. SPRAIN	10. MOUTH	24. CHEST
11. CUT	23. STRAIN	11. NOSE	25. INTERNAL
12. LACERATION	24. STING	12. TEETH	26. RIBS
HIGHLIGHT ONLY ONE (THE MOST SEVERE)		13. HEAD	27. PELVIS
		14. FACE	

LOCATION OF ACCIDENT	
1. ATHLETIC FIELD	14. RESTROOMS
2. AUDITORIUM	15. SHOWERS
3. CAFETERIA	16. BUS
4. CLASSROOM	17. SIDEWALKS
5. CORRIDOR	18. STAIRS, INDOORS
6. DRESSING ROOM	19. STAIRS, OUTDOORS
7. LOCKERS	20. STREETS
8. HOME, INDOORS	21. SWIMMING POOL
9. SHOP	22. HIGHWAYS
10. IA BUILDING	23. YARDS, FIELDS
11. PARKING AREAS	24. GYMNASIUM
12. PLAYGROUND	25. OTHER
13. PUBLIC BUILDINGS	

TITLE OF PERSON MAKING THE REPORT

SIGNATURE OF PERSON MAKING THE REPORT

DESCRIBE HOW THE ACCIDENT OCCURRED