



**OTHER-NON EMPLOYEE
ACCIDENT REPORT**
Gainesville City Schools
508 Oak St. NW.
Gainesville, GA 30501
770-536-5275



GENERAL INFORMATION

Name of Injured: _____ Address: _____ City _____ State _____
 Zip Code _____ Home phone _____ Cell phone number _____
 School premises: _____ Sex: M ___ F ___ Age _____
 Date of Accident: _____ Day of the week: _____ Time Occurred: _____ AM _____ PM
 Where did it occur? _____ Were there any witnesses? Yes ___ No ___
 If so, name of witness _____ Please fill out attached witness form.
 Accident Jurisdiction (check one) Grounds ___ Building ___
 Location of Accident (be specific) _____
 Activity & Status of Person (be specific) _____
 Supervision Yes ___ No ___ If yes, please give name and title. _____
 Name: _____ Title: _____ Description of Accident (explain what, who, when, why, where and how) with details of injury: Attach a second page if needed.

 Medical Attention Required: Yes ___ No ___ if no why not? Explain _____
 Date _____ Day _____ (If medical attention was required attach or submit bills to YZ)

ACCIDENT INFORMATION & **MANDATORY CORRECTIVE ACTION PLAN******

******Corrective Action Taken: Plan & Target date for completion explain details below. (Attach a second page if needed.)**

 Report prepared and signed by: _____ Report accident to principal immediately.
 *Injury should be reported immediately followed by a hard copy to Yolanda Z. @ Central Office on accident date.

Signature of injured: _____ Date: _____
 *Date of Report: _____ Principal's Signature: _____



**WITNESS
NON EMPLOYEE
ACCIDENT REPORT
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508 Oak St.
Gainesville, GA 30501
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GENERAL INFORMATION

***Name of injured:** _____

Name of Witness: _____

WHEN AND WHERE ACCIDENT OCCURRED

Name of school or department: _____

Date of Accident: _____ **Day of Week** ____ **Time Occurred:** _____ **AM** _____ **PM**

**WITNESS
EXPLANATION**

Explain in detail the accident: _____

Accident Witnessed by:

Name & Title: _____ **Home phone or cell** _____

Department or School: _____ **Phone** _____ **ext** _____

Signature of witness: _____

Date: _____