

NEWBURGH ENLARGED CITY SCHOOL DISTRICT

STUDENT ACCIDENT REPORT (Revised 8/08)

Please fully complete the form including codes. Refer to reverse side of form for appropriate codes.

Student Name _____ ID# _____
(Last, First)

Home Address/Telephone _____

Alleged Incident Date _____ Time _____ Grade ____ D.O.B. ____

SCHOOL _____

ALLEGED ACCIDENT INFORMATION

Reported By _____ Date _____ Time _____

See Reverse Side
For Codes

Describe Where Within Building/Location Alleged Incident Occurred and How:

Activity Code:

Injury/Damage Code:

Part of Body Code:

Name of Adult Witness/Position: _____

Was first aid rendered? Yes or No If Yes, by whom/date/time _____

Did student Remain in school Yes or No Describe first aid: _____
remainder of day? _____

Did student receive medical Yes or No If Yes, describe medical attention. If unknown please
attention by a physician or state. _____
hospital? _____

Name of physician or hospital _____

EMERGENCY CONTACT INFORMATION

Person Contacted/Relationship _____

Address _____ Telephone _____

Contacted by _____ Date _____ Time _____

If Emergency Contact Was Not Contacted, Please State Reason Why _____

Completed By Name/Title: _____ Date _____

STUDENT ACCIDENT CODE LIST

GRADE CODE

Code	Description
PK	Pre-Kindergarten
KG	Kindergarten
01	1st Grade
02	2 nd Grade
03	3 rd Grade
04	4 th Grade
05	5 th Grade
06	6 th Grade
07	7 th Grade
08	8 th Grade
09	9 th Grade
10	10 th Grade
11	11 th Grade
12	12 th Grade
AD	Adult Education
SE	Special Education
UN	Unspecified

INJURY/DAMAGE CODE

Code	Description
01	Amputation
02	Burns
03	Contusion/Abrasion/Bump
04	Crushing
05	Disfigurement
06	Fatality
07	Fracture/Dislocation
08	Inflammation
09	Laceration(s)
10	Puncture
11	Poisoning
12	Sprains/Strains
13	Vision Loss
14	Allergic Reaction
15	Asphyxiation
16	Electric Shock
17	Environmental
18	Foreign Body
19	Heat Prostration
20	Hearing Loss
21	Molestation
22	Stress
23	Minor Injuries
24	No Apparent Injuries
25	Nose Bleed
26	Headache/Nausea
27	Other Unspecific

PART OF BODY CODE

Code	Description
01	Brain
02	Ear(s)
03	Eye(s)
04	Facial
05	Facial Bones
06	Mouth
07	Nose
08	Skull/Forehead
09	Teeth
10	Multiple Head Injuries
11	Neck
12	Shoulder
13	Upper Arm
14	Lower Arm
15	Wrist
16	Hand/Fingers
17	Elbow
18	Multiple Upper Extremities
19	Ribs
20	Ribs
21	Internal
22	Back
23	Multiple Trunk Injuries
24	Knee(s)
25	Hip
26	Upper Leg
27	Lower Leg
28	Ankle
29	Foot
30	Toe(s)
31	Multiple Lower Extremities
32	Multiple Body Sections
33	Groin/Pelvic Area
34	Other Unspecified

Activity Sub Sections

<u>Lunch</u>	01-01 Eating
	01-02 Other
<u>Playground</u>	02-01 Using Equipment
	02-02 Other
<u>Recess</u>	03-01 Games
	03-02 Other
<u>Phys Ed</u>	04-01 Football
	04-02 Soccer
	04-03 Basketball
	04-04 Baseball/Softball
	04-05 Volleyball
	04-06 Gymnastics
	04-07 Hockey
	04-08 Challenge Course
	04-09 Games
	04-10 Other
<u>Interscholastic</u>	05-01 Football
<u>Sports</u>	05-02 Soccer
	05-03 Basketball
	05-04 Baseball/Softball
	05-05 Volleyball
	05-06 Gymnastics
	05-07 Wrestling
	05-08 Hockey
	05-09 Cheerleading
	05-10 Other
<u>Intramural</u>	06-01 All Intramurals
<u>Classroom</u>	07-01 Instructional
	07-02 Other
<u>Technology</u>	08-01 Art
	08-02 Computer
	08-03 Science
	08-04 Trades
	08-05 Other
Lab Activity	09-01 Instructional
	09-02 During Experiment
	09-03 Other
Bus/Motor	10-01 Riding on School Bus
	10-02 Getting on/off Bus
	10-03 Riding in School Vehicle
	10-04 Other
Buildings & Grounds	11-01 Indoors
	11-02 Outdoors
	11-03 Assault
	11-04 Other
Other Activities	12-01 All Other