



Clayton County Public Schools  
**Career, Technical, & Agricultural Education**

## Accident Report Form

Name of Person making report \_\_\_\_\_

Injured Person \_\_\_\_\_ Date of accident \_\_\_\_\_

Age of injured \_\_\_\_\_ Time of injury \_\_\_\_\_

Place of accident \_\_\_\_\_

Equipment involved \_\_\_\_\_

Nature of injury \_\_\_\_\_

Treatment \_\_\_\_\_

Person (parent or other) notified \_\_\_\_\_

Attending physician's name \_\_\_\_\_

What was person doing when accident occurred? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of witness \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What were the contributing factors to the accident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What corrective action is being taken to alleviate conditions leading to the accident?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy: Principal/CTAE Supervisor