



BODILY INJURY REPORT FORM

for
VISITORS/GENERAL PUBLIC

**REPORT ALL ACCIDENTS VIA FAX
WITHIN 24 HOURS TO THE OFFICE
OF RISK MANAGEMENT
CONFIDENTIAL FAX LINE:
410-308-4720
QUESTIONS PLEASE CALL:
410-887-4133**

THIS FORM MUST BE COMPLETED BY BUILDING ADMINISTRATOR OR DESIGNEE

Date of accident:	Time of accident:	School/Facility/Site:
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Location at site where injury occurred:		
Name of reporting person:	Phone:	Alternate phone:
Involvement by other outside agencies:		Was an ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> None <input type="checkbox"/> Other, describe:		
Name of outside agency contacts (if applicable):		

Name of person(s) injured (If more than one person injured, use attached sheet to obtain information):			Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Phone:	Alternate phone:		
If the injured person is a minor, indicate parent/guardian name:				

Reason for injured being present at site:
Nature and extent of injuries:

Statement from injured:

Action taken:

Name and address of physician or hospital involved:

Description of accident (Provide a detailed account of the accident):

Witness #1 name:

Witness #1 address:

Witness #1 phone:

Witness #1 relationship to injured:

Witness #2 name:

Witness #2 address:

Witness #2 phone:

Witness #2 relationship to injured:

Reporting person's signature

Name printed

Date submitted

Fax this form to the Office of Risk Management: 410-308-4720

Or mail to:

Baltimore County Public Schools
Office of Risk Management
1940 Greenspring Drive
Suite G
Timonium, Md 21093