



## Incident/Injury and General Liability Investigation Report Laramie County School District 2

This form is to be utilized by the Risk Manager, Administrator, or other person officially designated by the School District to be responsible for completing the incident report form which will be maintained as an internal School District document. Untrained personnel should **not** fill out this document.

Name of Person filing report \_\_\_\_\_

School: \_\_\_\_\_

Injured person (Student)
Student Name _____
Age _____
Grade _____
Incident/Injury Date _____

Injured person (Non-Student)
Non-Student Name _____
Position (if employee) _____
Incident/Injury Date _____

Witnesses #1
Witness Name _____
Address _____
Phone _____

Witnesses #2
Witness Name _____
Address _____
Phone _____

Obtain statements from all employees that may have relevant information:

Nature of injury sustained by any person(s) injured:

Description of how person(s) was injured:

How was the injury treated (first aid, EMS, hospital, etc.)?

If the incident involves property damage, describe the property damage including (to the extent possible) the age, condition, and value of property:

Take photos, if applicable.

\_\_\_\_\_  
Signature of person filing report

\_\_\_\_\_  
Date

*Submit to Business Services Director at Central Office upon completion*