ESTACADA SCHOOL DISTRICT

Incident/Accident Report Form

Today's Date: _____

Accident__ Incident__ Other__(please describe)

Date of accident/incident: _____ Time: _____ AM__ PM__

Weather conditions:_____

Name of person reporting: _____ Phone number_____

Name(s) of people involved: _____ Phone Number _____
_____ Phone Number_____
_____Phone Number_____

Name of witness(es) _____ Phone Number_____
_____ Phone Number_____
_____ Phone Number_____

Location of accident/incident: _____
_____

Description of accident/incident (attach paper if necessary)

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Send all reports to the Director of Facilities and Safety located in the Central Office 255 NE 6th Ave Estacada OR 97023