



# Catholic Independent Schools of the Diocese of Victoria

4044 Nelthorpe Street, Victoria, BC V8X 2A1



## ACCIDENT REPORT

The information collected below will be used for the purposes of attaining particulars about the accident for risk management and for use by ICS's insurance carrier. This form should be completed within 24 hours of the accident and forwarded to [insurance@rcdvictoria.org](mailto:insurance@rcdvictoria.org) and a copy placed in the student's file.

School: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  
Name of Injured: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor at time of Accident: \_\_\_\_\_ Witness: \_\_\_\_\_

### Please respond to the following sections by checking the appropriate box(es):

#### 1. Body Region(s) Injured:

- |                                       |                                |                                   |                                  |                                   |                                |                                |                                    |
|---------------------------------------|--------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Head         | <input type="checkbox"/> Teeth | <input type="checkbox"/> Forearm  | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Knee     | <input type="checkbox"/> Face  | <input type="checkbox"/> Neck  | <input type="checkbox"/> Wrist     |
| <input type="checkbox"/> Lower Leg    | <input type="checkbox"/> Nose  | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand    | <input type="checkbox"/> Buttocks | <input type="checkbox"/> Ankle | <input type="checkbox"/> Eye   | <input type="checkbox"/> Upper Arm |
| <input type="checkbox"/> Finger       | <input type="checkbox"/> Groin | <input type="checkbox"/> Foot     | <input type="checkbox"/> Ear     | <input type="checkbox"/> Elbow    | <input type="checkbox"/> Chest | <input type="checkbox"/> Thigh | <input type="checkbox"/> Back      |
| <input type="checkbox"/> Other: _____ |                                |                                   |                                  |                                   |                                |                                |                                    |

#### 2. Type(s) of Injury:

- |  |   |
|--|---|
| <input type="checkbox"/> Abrasion / Scrape   | <input type="checkbox"/> Laceration/incision/puncture – an open wound               |
| <input type="checkbox"/> Burn  | <input type="checkbox"/> Muscle strain (pull or tear) – due to use rather than blow |
| <input type="checkbox"/> Bone Bruise – swelling and/or discolouration of bony area     | <input type="checkbox"/> Nose bleed   |
| <input type="checkbox"/> Concussion – temporary loss of orientation or unconsciousness | <input type="checkbox"/> Teeth – loosened or broken                                 |
| <input type="checkbox"/> Dislocation/separation – deformity of a joint                 | <input type="checkbox"/> Sprain – twisting or moving of a joint beyond normal range |
| <input type="checkbox"/> Fracture  |   |
| <input type="checkbox"/> Other: _____  |   |

#### 3. Facility Area:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Gymnasium                            | <input type="checkbox"/> Hallway/Stairway   | <input type="checkbox"/> In Transit to or from school |
| <input type="checkbox"/> Playing Field/Tarmac                 | <input type="checkbox"/> Pool               | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Classroom/Lab                        | <input type="checkbox"/> Rink               | _____   |
| <input type="checkbox"/> Playground – climbing/play apparatus | <input type="checkbox"/> Locker Room/Shower | _____   |

#### 4. Probable Direct Cause:

- |  |   |
|--|---|
| <input type="checkbox"/> Accidental Collision between participants                                     | <input type="checkbox"/> Blow delivered by an object (ball, bat, etc.)    |
| <input type="checkbox"/> Body contact (not considered a collision) in the normal course of an activity |   |
| <input type="checkbox"/> Carelessness on part of pupil   | <input type="checkbox"/> Fall/trip NOT due to an observed external factor |
| <input type="checkbox"/> Fall or loss of balance where apparatus concerned                             | <input type="checkbox"/> No clear, apparent cause                         |
| <input type="checkbox"/> Obstruction on playing area (object or spectator)                             | <input type="checkbox"/> Strain or overexertion                           |
| <input type="checkbox"/> Fall/trip due to an observed external factor – please SPECIFY: _____          |   |
| <input type="checkbox"/> Other: _____  |   |

#### 5. Program Phases:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Before/after school, noon hour play | <input type="checkbox"/> Intramural/House League        | <input type="checkbox"/> Interscholastic game/practice |
| <input type="checkbox"/> Classroom/Lab Instruction           | <input type="checkbox"/> Physical Education Instruction | <input type="checkbox"/> Recess/Break                  |
| <input type="checkbox"/> Field trip/Out-of-school            | <input type="checkbox"/> Other: _____                   |  |

#### 6. Activity (if applicable):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aquatics                                     | <input type="checkbox"/> Ice Hockey                     | <input type="checkbox"/> Gymnastics (free exercise/tumbling) |
| <input type="checkbox"/> Basketball                                   | <input type="checkbox"/> Ice Sports (other)             | <input type="checkbox"/> Gymnastics (apparatus)              |
| <input type="checkbox"/> Cheerleading                                 | <input type="checkbox"/> Organized Activity             | <input type="checkbox"/> Wrestling &/or Personal Defence     |
| <input type="checkbox"/> Dance  | <input type="checkbox"/> Racquet games                  | <input type="checkbox"/> Games Lesson                        |
| <input type="checkbox"/> European Handball, Fieldball or Field Hockey |   | <input type="checkbox"/> Rowing                              |
| <input type="checkbox"/> Floor Hockey                                 | <input type="checkbox"/> Soccer or Speedball            | <input type="checkbox"/> Volleyball or Wallyball             |
| <input type="checkbox"/> Football (tackle)                            | <input type="checkbox"/> Softball or Baseball           | <input type="checkbox"/> Free Play                           |
| <input type="checkbox"/> Football (flag/touch)                        | <input type="checkbox"/> Track & Field or Cross Country |  |
| <input type="checkbox"/> Miscellaneous (Specify) _____                |   |  |



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**ACCIDENT REPORT**

**7. Brief Description of Accident: (if more space is required, please attach a separate sheet)**

\_\_\_\_\_

\_\_\_\_\_

\*\*\* If accident is of a serious nature, please complete Witness Report. Attached?  Yes  No

**8. Describe the scene of the accident and condition of the area: (weather conditions, lighting, etc.)**

\_\_\_\_\_

\_\_\_\_\_

Was anyone else involved?  No  Yes Who? \_\_\_\_\_

**9. What was done for the student (person injured)?:**

\_\_\_\_\_

\_\_\_\_\_

Was First Aid given?  No  Yes By Whom? \_\_\_\_\_

Describe nature of treatment given:

\_\_\_\_\_

\_\_\_\_\_

Was the injured student removed from school for further treatment?

No  Yes To where? \_\_\_\_\_

Authorized by: \_\_\_\_\_ Transported by:  Ambulance  Car driven by: \_\_\_\_\_

Parents Notified:  No  Yes Date: \_\_\_\_\_ Time: \_\_\_\_\_

Principal: \_\_\_\_\_ Teacher in Attendance: \_\_\_\_\_  
Signature Signature

**Follow-up:** (indicate outcomes – both immediate and long-term i.e. broken tooth; dental work required; child covered by parents' dental plan, etc.)

\_\_\_\_\_

\_\_\_\_\_

**\*\*\* THIS AREA FOR DIOCESAN USE ONLY \*\*\***

Scheduled Item #: \_\_\_\_\_ Estimate of Loss \$: \_\_\_\_\_

Date Reported to Capri Insurance: \_\_\_\_\_ Time: \_\_\_\_\_

Date Claim Report Received: \_\_\_\_\_ Claim #: \_\_\_\_\_

Adjuster Assigned: \_\_\_\_\_

Claims Procedures Taken: \_\_\_\_\_

cc: One Copy to Superintendent, One Copy to ICS Insurance Representative, One Copy placed in Student's File