Montgomery County Public Schools
UNLEASHING POTENTIAL

Community Member Accident Report
Division of Financial Reporting
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

INSTRUCTIONS: To be completed by school personnel when reporting any accident involving a community member and submitted to the principal/designee. **See reverse side before completing**.

PART A: ACCIDENT INFORMATION

Injured _____ Birth Date____/____/_____
     Last   *First*   *MI*

Home Address_____
     Street   *City*   *State*   *ZIP Code*

School Name_____ School Number_____ Age_____

Home Phone _____-_____-_____ Cell Phone _____-_____-_____

Date of accident____/____/_____ Time of accident ____.____ ☐ a.m. ☐ p.m.

Date accident reported ____/____/_____ Type of activity_____

Specific activity _____ Location of accident_____

Describe accident

Any witnesses to the accident? ☐ No ☐ Yes Name of Individual_____

PART B: INJURY INFORMATION REPORTED BY COMMUNITY MEMBER

Nature of injury_____ Part(s) of body_____, _____, _____

Immediate Action Taken _____

First aid ☐ Yes ☐ No By Whom _____

Sent to hospital ☐ Yes ☐ No By Whom _____

   Name of hospital _____

PART C: AUTHORIZATION

Signature, Principal/Designee_____ Date____/____/_____

Distribution: COPY 1/Risk Management, Division of Financial Reporting; COPY 2/Retain

INSTRUCTIONS FOR COMPLETING THE COMMUNITY MEMBER ACCIDENT REPORT FORM

Complete all of the questions and the authorization section. If not complete the form will be returned. Send the original within two weeks to Risk Management, Division of Financial Reporting, or email to RiskManagement@mcpsmd.org and keep one copy for your files. Examples of reportable accidents are: All injuries to the head, eye, neck or spine, any bone or joint injury that results in swelling; any puncture wound, burn or laceration that looks as though it may require sutures, ingestion of any drug, chemical, or foreign materials, or any animal bite.

PART A: ACCIDENT INFORMATION

Complete as indicated. **Date of Accident.** Indicate per example: 06/10/22 = June 10, 2022. **Time of Accident.** Indicate the exact time the accident occurred per example: 02:10 = Ten minutes past two o'clock. Check whether a.m. (morning) or p.m. (afternoon). **Date Accident Reported.** Indicate per example: 06/21/22 = June 21, 2022.

Type of Activity. Indicate using one of the following codes:

01 Drop off/pick up of student
02 Event During School Hours
03 Event Before/After School Hour
04 Field Trips
05 Incident While Temporarily on School Grounds (i.e. walking through property)

Location of Accident. Indicate using one of the following codes:

201 All Purpose Room
202 Athletic Field
203 Auditorium, Stage
204 Bicycle
205 Cafeteria
206 Classroom
207 Corridor
208 Grounds/Nonplayground
209 Gymnasium and Auxiliary Gym
210 Home Arts
211 Industrial Education Shops
212 Laboratories
213 Lavatory
214 Library
215 Locker Room
216 Motor Vehicle
217 Music and Band Room
218 Outdoor Ed. Site
219 Pedestrian
220 Playground
221 School Bus
222 Special Activities (Field Trips, Clubs, Class Trips, etc.)
223 Stairs
224 Swimming Pool
225 Conference Room
226 Career Programs/Off Campus

Description of Accident. Briefly describe how the accident occurred.
Was an Adult Present at Scene of Accident. Check Yes or No.
Name of Individual. Print the individual's full name.

PART B: INJURY INFORMATION—The information in this section is not intended to elicit a medical diagnosis, but is used for statistical purposes.

Nature of Injury—Indicate using one and not more than three of the following codes that best describe(s) the injury/injuries.

37 Abrasion/Bruise
23 Amputation
25 Asphyxiation
38 Bite
32 Burns/Scalds/Chemical
24 Concussion
21 Death
28 Dental
27 Dislocation
33 Electrical Shock
31 Foreign Body Imbedded/Loose
26 Fracture/Chipped
22 Internal Injuries
29 Laceration/Cuts
34 Eye
35 Object in Mouth/Poisoning
30 Puncture
36 Sprain/Strain/Pulled Muscle/ Torn Ligament

Part of Body—Indicate using one and not more than three of the following codes. If more than three parts of the body have been injured, indicate the most serious.

69 Ankle
65 Arm
55 Back
60 Chest/Ribs
57 Ear
68 Elbow
53 Eye
56 Face
75 Fingers/Thumb
71 Foot
62 Genital Area
72 Hand
52 Head
63 Hip
51 Internal Organs
66 Knee
67 Leg
58 Mouth/Lips/Tongue
54 Neck/Throat
59 Nose
64 Shoulders/Collar Bone
61 Stomach
73 Teeth
74 Toes
70 Wrist

First Aid—Check Yes or No. If Yes is checked, indicate who gave the community member first aid (nurse, secretary, etc.). **Sent To Health Room.** Check Yes or No. If Yes is checked, indicate who sent the community member to the health room (secretary, teacher, etc.). **Sent to Doctor.** Check Yes or No. If Yes is checked, indicate who sent the community member to the doctor (secretary, teacher, nurse, etc.). **Sent to Hospital.** Check Yes or No. If Yes is checked, indicate who sent the community member to the hospital (nurse, teacher, etc,). Print the Hospital's name.

PART C: AUTHORIZATION—This form must be signed by the Principal/Designee. Also indicate the date this report was signed.