



North Reading Public School District

ACCIDENT/INCIDENT REPORT FORM

Date of incident: _____ Time: _____ AM/PM Bus # _____

Description of Incident: _____

Name of Student(s)/Parties Involved: _____

Grade: _____ School: _____

Phone Number(s): _____

Who was injured person? (Circle one) Student (s) Employee Driver Pedestrian

Type of injury: _____

Details of incident: _____

Injury requires physician/hospital visit? Yes ____ No ____

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

Signature of injured party _____

Date

*No medical attention was desired and/or required.

Signature of injured party _____

Date

Name and Contact Information of Person Completing This Form:

Name: _____

Phone Number: _____

Return this form to Director of Finance and Operations within 24 hours of incident.

Email: mconnelly@nrpsk12.org

Fax: 978-664-0252