



Note: All Incident Reports must be submitted online at <http://osbie.wrdsb.ca/>

If person has been admitted to Hospital, or if fatally injured, please check here

1. Injured Person

(Circle One) Student Parent Volunteer Other Visitor

Surname _____ First Name _____ Date of Birth (YYYY-MM-DD) ____-____-____

Street Address _____ City _____ Postal Code _____

Telephone (519-570-0003) ____-____-____

2. Details of Incident

Injury _____ Date (YYYY-MM-DD) ____-____-____ Time (HH:MM) ____:____

Cause (Circle One): Sports Injury Assault Slip or Fall Other Rough If Sport, Enter Sport _____

Location (Circle One): Classroom Mobile Classroom Cafeteria Hallway Stairs Gymnasium
 School Yard Slide Swings Climber Field Trip Washroom Shop
 Swimming Pool Sidewalk Driveway Path Other

If Other, Enter Location _____

If not on School Board Premises, Enter the Address _____

How/Where Incident Occurred (Use back side if you need more space) _____

3. Witnesses

Witness 1: Surname _____ First Name _____

Home Address _____ Home Phone ____-____-____

Witness 2: Surname _____ First Name _____

Home Address _____ Home Phone ____-____-____

Prepared by: _____ School: _____