



Portage Lakes Career Center

4401 Shriver Road, Uniontown, Ohio 44685 * (330)896-8200 /FAX (330) 896-8297

ACCIDENT/INCIDENT (A/I) REPORT

Name of Person Affected by A/I: _____

Date of Report: _____ Person Reporting: _____

Location of A/I: _____

Description of A/I (include any injuries that may have occurred):

Date of A/I: _____ Time of A/I: _____

Action taken: _____

Witnesses: _____

(Attach witness statements to this report)

If a student, was the parent/guardian notified: Yes ___ No ___ If yes, when: _____

Were medical personnel involved? Yes ___ No ___

If so, list the agency: _____

Was a report made to any law enforcement agency? Yes ___ No ___

If so, list the agency: _____

Signature of Person Reporting: _____

Date

Signature of Administrator: _____

Date

A copy of this report must be filed with the Superintendent's office.