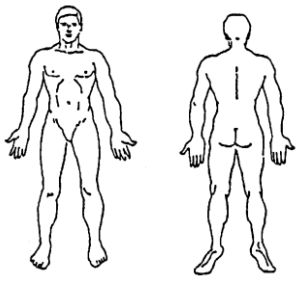
OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT
NON-EMPLOYEE/NON-STUDENT ACCIDENT REPORT

Claimant's Name (First, Middle, Last)		School where accident occurred:		Location in School:
Claimant's Street Address:	City:	State:	Zip Code	Claimant's Phone Number:
Claimant's Occupation:	Date Injury Occurred:	Time Injury Occurred:		Medical treatment sought? **Yes** or **No**
School personnel to whom the accident was reported:		Date Injury Reported:		Time Injury Reported:
Name of Witness to accident/injury:		Phone Number of Witness:		Address of Witness:
Name of Witness to accident/injury:		Phone Number of Witness:		Address of Witness:
Explanation of what you were doing immediately before the accident:				
Explanation of how the accident occurred:				
Indicate on diagram below the location of the injury: 		Type of injury: ___ Concussion ___ Dislocation ___ Fracture ___ Laceration ___ Shock ___ Sprain ___ Strain ___ Other *(specify)*:		Cause of injury: ___ Collision ___ Electrical ___ Fall/slip ___ Falling object ___ Fire ___ Kicked or thrown object ___ Lifting ___ Other *(specify)*:
If medical treatment was required				
Name of clinic or hospital:	Physician's Name:	Physician's Address:		Physician's Phone Number:

"I hereby certify that the above is true and correct to the best of my knowledge."

Signature of Claimant: Date Signed: