DECATUR PUBLIC SCHOOL DISTRICT 61
STUDENT ACCIDENT REPORT

Student's Name [redacted] Home Address [redacted]

School Oak Grove Grade [redacted] Age [redacted] Male [redacted] Female [redacted]

Date of Accident 1/24/19 Exact Time 9:00 A.M. ✓ P.M. ___

Place of Accident: School Building X School Grounds ___ To/From School ___ Other ___

Non-School: Home ___ Other ___ Number of Days Absent From School* ___

(*If student is absent for an extended period of time, send preliminary report. Send revision when student returns to school.)

DESCRIPTION OF ACCIDENT: How did it happen? What was student doing? List conditions existing. Specify machinery or other equipment involved. Describe the school accident to the extent that you feel a person who has not seen the accident will know what has happened. *Was student taken to emergency room or a doctor's office?*

We were lighting an alchohol stove for a science experiment. after the stove was lit the alchohol was spilt which cause some to squirt. It went across the flames and was ignited. [redacted]

MAJOR CAUSE OF ACCIDENT

___ Basketball	___ Ran together
✓ Classroom	___ Scuffling/fighting
___ Fall	___ Struck by moving object
___ Football	___ Struck fixed object
___ Free Play	___ Stepped on object
___ Icy Conditions	___ Tripped
___ Kicked	___ Twisted body joint
___ P.E. Class	___ Wrestling
___ Pushed	
___ Other (specify):	

ACCIDENTS BY ACTIVITIES

___ Apparatus	___ Rehearsal
___ Baseball	___ Shop
___ Basketball	___ Softball
✓ Classroom	___ Stairs
___ Football	___ Showers
___ Free Play	___ To/From School
___ Home	___ Tumbling/Gymnastics
___ Organized Active	___ Volleyball
___ Physical Education	___ Wrestling
___ Other (Specify):	

NATURE OF INJURY

[redacted]

LOCATION OF ACCIDENT

___ Athletic Field	___ Locker
___ Auditorium	___ Shower
___ Cafeteria	___ Playground
✓ Classroom	___ Restroom
___ Corridors	___ School Crossing
___ Gymnasium	___ Stairs
___ Gym-Outside	___ Streets
___ Industrial Arts	___ Sidewalks
___ Other (Specify):	

PART OF THE BODY INJURED (Right or left)

[redacted]

Signature of person in charge [signature] Report prepared by David Behm

Signature of Principal Dianne Brandt Date of Report 1/28/19

SEND ORIGINAL OF THIS REPORT TO KEIL BUSINESS OFFICE – ATTENTION: DIRECTOR OF BUSINESS AFFAIRS
KEEP A COPY FOR YOUR RECORDS

(Rev. 08/07)

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MAJOR CAUSE OF ACCIDENT

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