

STUDENT INCIDENT REPORT

Please fully complete the form including codes.
Refer to reverse side of form for appropriate codes.

School District/BOCES	CODE	School Name		
Last Name	First Name	Alleged Incident Date	Time	
Student Name				
Home Address/Telephone	D.O.B.		/ /	
Building/Location	CODE	Description of Location	Grade	CODE

ALLEGED INCIDENT INFORMATION

Reported By _____ Date _____ Time _____

Describe Where Within Building/Location Alleged Incident Occurred and How:

BOCES Activities/Class: Yes or No

Person Supervising Student _____

Please Describe Alleged Injury (Include part of body):

Name/Address/ Telephone of any Witnesses. (Please indicate if none)

Was first aid rendered? Yes or No

If Yes, by whom/date/time _____

Did student remain in school remainder of day/activity? Yes or No

Describe first aid _____

Did student receive medical attention by a physician or hospital? Yes or No

If Yes, describe medical attention. If unknown, please state.

Name/Address/Telephone # of physician or hospital _____

SEE REVERSE SIDE FOR APPROPRIATE CODES

ACTIVITY CODE

INJURY/DAMAGE CODE

PART OF BODY CODE

EMERGENCY CONTACT INFORMATION

Person Contacted/Relationship _____

Address _____ Telephone _____

Contacted by _____ Date _____ Time _____

If Emergency Contact Was Not Contacted, Please State Reason _____

Completed by Name: _____ Date: _____ Title: _____

Reviewed by Name: _____ Date: _____ Title: _____

STUDENT INCIDENT CODE LIST

SCHOOL DISTRICT/BOCES AND LOCATION CODES

Please refer to the computerized location code printout for codes specific to your school district/BOCES.

GRADE CODES		PART OF BODY CODES		ACTIVITY	SUB-SECTIONS
Code	Description	Code	Description	Lunch	01-01 Eating 01-02 Other
PK	Pre-Kindergarten	01	Brain	Playground	02-01 Using Equipment 02-02 Other
KG	Kindergarten	02	Ear(s)	Recess	03-01 Games 03-02 Other
01	1st Grade	03	Eye(s)	Physical Ed	04-01 Football
02	2nd Grade	04	Facial	Participation	04-02 Soccer 04-03 Basketball 04-04 Baseball/Softball 04-05 Volleyball 04-06 Gymnastics 04-07 Hockey 04-08 Challenge Courses 04-09 Games 04-10 Other 04-11 Lacrosse 04-12 Track
03	3rd Grade	05	Facial Bones	Interscholastic	05-01 Football
04	4th Grade	06	Mouth	Sports	05-02 Soccer 05-03 Basketball 05-04 Baseball/Softball 05-05 Volleyball 05-06 Gymnastics 05-07 Wrestling 05-08 Hockey 05-09 Cheerleading 05-10 Other 05-11 Lacrosse 05-12 Track
05	5th Grade	07	Nose	Intramural	06-01 All Intramurals
06	6th Grade	08	Skull/Forehead	Activity	07-01 Instructional 07-02 Other
07	7th Grade	09	Teeth	Classroom	08-01 Art 08-02 Computer 08-03 Science 08-04 Trades 08-05 Other
08	8th Grade	10	Multiple Head Injuries	Technology	09-01 Instructional 09-02 During Experiment 09-03 Other
09	9th Grade	11	Neck	Lab Activity	10-01 Riding on School Bus 10-02 Getting On/Off School Bus 10-03 Riding in School Vehicle 10-04 Other
10	10th Grade	12	Shoulder	Bus/Motor	Buildings & Grounds
11	11th Grade	13	Upper Arm	Vehicle	11-01 Indoors 11-02 Outdoors 11-03 Assault 11-04 Other
12	12th Grade	14	Lower Arm	Other Activities	99-01 All Other
AD	Adult Education	15	Wrist		
SE	Special Education	16	Hand/Fingers		
UN	Unspecified	17	Elbow		
		18	Multiple Upper Extremities		
		21	Ribs		
		22	Internal		
		23	Back		
		24	Multiple Trunk Injuries		
		30	Knee		
		31	Hip		
		32	Upper Leg		
		33	Lower Leg		
		34	Ankle		
		35	Foot/Toes		
		36	Multiple Lower Extremities		
		40	Multiple Body Sections		
		41	Groin/Pelvic Area		
		99	Other Unspecified		
INJURY/DAMAGE CODES					
Code	Description				
01	Amputation				
02	Burns				
04	Contusion/Abrasion/Bump				
05	Crushing				
06	Disfigurement				
07	Fatality				
08	Fracture/Dislocation				
09	Inflammation				
10	Lacerations				
11	Puncture				
13	Poisoning				
16	Sprains/Strains				
17	Vision Loss				
19	Allergic Reaction				
20	Asphyxiation				
22	Electric Shock				
23	Environmental				
24	Foreign Body				
25	Heat Prostration				
26	Hearing Loss				
27	Molestation				
28	Stress				
29	Minor Injuries				
30	No Apparent Injuries				
31	Nose Bleed				
32	Headache/Nausea				
99	Other Unspecific				