

BODILY INJURY INCIDENT REPORT FORM

Denver Public Schools ENTERPRISE RISK MANAGEMENT



Do NOT use this form for employee occupational injuries or illnesses. Report those to CorVel at 1-877-764-3574.

Tel: 720-423-1300
<http://risk.dpsk12.org>
RiskManagement@dpsk12.org

Use this form to report bodily injury incidents for students, parents, visitors, vendors, volunteers, guests and invitees that occurred on DPS premises or during a DPS sponsored activity.

Please complete and email this form to Risk Management if any one or more of the following occurred:

- Medical treatment was required (more than first aid)
- Bodily injury was sustained (e.g., broken bones, head injury, burn, eye injury, lacerations or puncture wounds requiring surgery, loss of limb)
- Transport to hospital or urgent care (by EMT, staff or parent)
- Police and/or DPS Department of Safety responded
- Fatality, mass illness or casualties

If in doubt about when and what to report, contact Risk Management at the above number and/or email address.

Injured Party (name, phone, email)	
Parent/Guardian (name, phone, email)	
School Name/Address of Incident	
Date & Time of Incident	

Did police respond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Officer's Name/Case Number	
Did DPS Dept. of Safety respond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Officer's Name/Incident Number	
Did transport occur?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	By Whom/To Where?	

If Police or DPS Department of Safety responded, please attach a copy of report(s).

Please check all that apply (tell us where the incident occurred):								
Athletic Field	<input type="checkbox"/>	Cafeteria/Kitchen	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Extracurricular Activity	<input type="checkbox"/>	
Field Trip	<input type="checkbox"/>	Grounds	<input type="checkbox"/>	Gymnasium	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	
Office	<input type="checkbox"/>	Offsite	<input type="checkbox"/>	Parking Lot	<input type="checkbox"/>	Playground	<input type="checkbox"/>	
Stair Steps	<input type="checkbox"/>	Traffic (drop off/pick up area(s); ingress/egress; streets immediately near school)				<input type="checkbox"/>		
Other (if checked, please specify)	<input type="checkbox"/>							

Please check all that apply (tell us what type of bodily injury was sustained):							
Broken Bones	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Concussion or Head Injury	<input type="checkbox"/>	Dental Injury	<input type="checkbox"/>
Eye Injury	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	Laceration	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
Loss of Limb	<input type="checkbox"/>	Puncture	<input type="checkbox"/>	Spinal Cord or Paralysis	<input type="checkbox"/>		
Other (if checked, please specify)	<input type="checkbox"/>						

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Describe the incident in detail:

Witness names and contact information:

Report completed by and contact information: