

SCHOOLS PROTECTION PROGRAM
RISK MANAGEMENT
P.O. Box 3585
Victoria, British Columbia

Phone No.: 250 356-1794
Fax No.: 250-356-622 INCIDENT REPORT

0	Victoria, British Columbia V8W 3W5 Please type o	r print in block le	tters	s. At	tach a	n additional	sheet	t if mor	e space is	required.	
1	NAME OF SCHOOL					FACILITY CO			L PHONE NO.		
15.8	NAME OF SUPERVISOR/TEACHER/INSTRUCTOR INVOLVES		VAA:		1	- L		()		
^	NAME OF SUPERVISOR/TEACHER/INSTRUCTOR INVOLVED	DATE OF INCIDENT	YYYY		MM	creamon-wastr	OF DENT:		:	a.m	
G	DESCRIPTION OF HOW INCIDENT OCCURRED					INCI	הבואו:	_		p.m	
E											
N											
E											
R											
	WITNESSES – If more than 2 witnesses, attach an additional sheet. LOCATION OF INCIDENT:										
A	1. NAME OF WITNESS	mional sheet.	01	A1101	BASEME			12	PLAYING FI	ELDS	
L			02		CAFETE	RIA/LUNCHROOM	M	13		ND EQUIPMENT	
This	ACTIVITY OF WITNESS AT TIME OF INCIDENT					ABS/KITCHENS		14	POOL		
section	2. NAME OF WITNESS				DOORS/	ENTRANCE ARE DRIES	AS	16	SIDEWALKS FACILITY PR	ROADS OFF	
MUST	2. NAME OF WITHESS				GYMNAS	IUM/AUDITORIU	М	17	STAIRS WIT	HIN BUILDING	
com-	ACTIVITY OF WITNESS AT TIME OF INCIDENT					Y/LOCKERS /OFFICE/		18	STAIRS/SID WITHIN GRO		
pleted					LOUNGE PARK/GF	STUDY ROOM		19	WASHROOM ROOMS/SHO	S/CHANGING	
in full	THERE WERE NO WITNESSES TO THE INCIDENT	10		PARKING			20		Please explain:		
	NAME OF DEDSON INVOLVED IN INCIDENT			105	ACE CENTER -			cal GRADE NIGHT SCHOOL			
2 A										SCHOOL	
	HOME ADDRESS / CITY / PROVINCE						FEMA	With the second	STAL CODE	ES NO	
Com-											
plete	STATUS										
section	STUDENT VISITOR OTHER - Please ex	<i>plain:</i> AS THE CONTACT PER:	2011	IOTIE	EDO						
for	W				ED? explain h	ow:					
Bodily	INSTRUCTIONS/COMMENTS OF /PARENT/GUARDIAN/EMERGE				200000000000000000000000000000000000000	cer.					
Injury/ Other											
Party											
Damage	FIRST AID TREATMENT REQUIRED? TYPE OF TREATMENT	PROVIDED? BY WHO	M?				ADVISI	ED TO SE	EEK MEDICVI	TREATMENT	
	TYPE OF TREATMENT PROVIDED? BY WHOM? ADVISED TO SEEK MEDICAL TREATMENT PROVIDED? YES NO								THEATMENT		
	WAS HOSPITAL CARE PROVIDED? If YES, please identify type of care: TREATMENT? (If known) HOW WAS THE AMBULANCE OTHER								THER:		
	YES NO ADMITTED EME			TR	ANSPORTED?		RIVATE V	EHICLE			
	NATURE OF INJURY/DAMAGE - Check one only 01 BRUISE/ABRASION/SWELLING 11 NOSEBLEED			YAR		ED - Check		y 09	MULTIPLE A	DEAG	
	02 BURN 12 OPEN WOUND/LACERATION 03 CONCUSSION(SUSPECTED) 13 SPRAIN(STRAIN (SUSPECTED)		01		CHEST/A	BDGMEN/PELVI		10	NECK	REAS	
	04 CRUSHED 14 WINDED	/STRAIN (SUSPECTED)	03		FACE			11	NO INFORM. SPINE/BACK		
		RTY DMG./OTHER PARTY - Please explain:	05		FEET/TO			13	TEETH/MOU	TH	
	08 FRACTURE	- riease explain:	06		HEAD/FO	/HANDS/WRISTS REHEAD	5	14	OTHER - Ple	ease explain:	
	09 IMBEDDED OBJECT 10 NO INFORMATION 07 FATALITY/DEATH				LEGS/KN	EES/ANKLES					
	CAUSE OF INJURY OR DAMAGE - Check one only				AT TIME	OF INCIDENT	- Che	ck one o	nlv		
	01 ASSAULT-NO WEAPON (INTENTIONAL) 11 MAINTENANCE ACTIVITY		01		CLASSRO			08	TRAVEL TO	OR FROM	
	02 ASSAULT-WITH WEAPON (INTENTIONAL) 12 MOTOR VEHICLE ACCIDENT 03 CHOKING/SUFFOCATION 13 POISONING/ALLERGIC		02 03			N CLASSES	011151	09	FACILITY	ED COORTS	
	DROWNING REACTION/INSECT BITE		04		OUT-OF-	URRICULAR (i.e CLASS	. CLUB)	10	WORK PLAC		
	DE EXPOSURE TO 14 SCHOOL BUS ACCIDENT SPORTS INJURY		05		FIELD TR	IP PRE-OR POST		11	MAINTENAN OTHER - PIG	CE ACTIVITY	
	HOT OR CAUSTIC SUBSTANCE 16 STRUCK AGAINST PERSON 06 FALL AT SAME HEIGHT 17 STRUCK/CRUSHED BY/		06		CLASS/N	OON HOUR					
	07 FALL FROM DIFFERENT HEIGHT AGAINST OBJECT				SPORTS SPORTS	EVENT RELATED CLAS	S				
	08 FATIGUE/OVER EXERTION 18 OTHER - Please explain: 09 FOREIGN BODY										
		ASSAULT									
	*List names of others involved:	one mocobed)									
	PROPERTY INVOLVES OF "										
2 B	PROPERTY INVOLVED - Describe property Involved. Attach add	dtional sheet if more spa	ce is r	equire	d.		10	MATE O	F LOSS/DAMA	GE	
Com-			CALL	SE O	LOSS/D	AMAGE	\$				
plete			01			RY/FORCIBLE E	NTRY	10	ROBBERY		
section	PROPERTY INVOLVED IS:		02		COLLAPS	SE		11	SMOKE		
for Loss	OWNED LEASED PERSONAL		03		DISHONE	STY/INFIDELITY ON	(12	THEFT	TATION	
or Damage	DID THE FIRE DEPARTMENT ATTEND? REPORT NUMBER YES NO	н	05 06		FALLING FIRE/LIG			14	VANDALISM	1	
to	WERE POLICE NOTIFIED? NAME OF BRANCH/DETACHMENT	CASE NUMBER	07		GLASS E	REAKAGE		15	MALICIOUS WATER/ESC		
Facility	YES NO		08		IMPACT AIRCRAF	BY VEHICLE/		16	RUPTURE/F		
and/or Contents	WERE THERE VISIBLE SIGNS OF FORCED ENTRY?		09		RIOT	105		17	- I and the second second second second	Please Explain:	
	YES NO If YES, please explain:				to Port						
3	DATE							MM DD			
	FULL NAME OF ADMINISTRATOR - Please print SIGNATURE				X				SIGNED YYYY MM DD		
	DATE SIGNED										
	OTHER INFORMATION/COMMENTS/UPDATE?										