



SHORELINE

École Shoreline Community Middle School

Accident Report

Staff completing report: _____ Room: _____

Date and time of incident: _____

Location of the incident: _____

Person(s) involved in the incident:

Staff

Student

Description of the incident:

Immediate action in responding to the emergency:

Action taken (or required) to prevent such incidents in the future:

Witnesses to the incident:

Date/time of report

Staff Signature