

**Shonto Preparatory K-8 School**P.O. Box 7900. Shonto. AZ 86054 \*(928) 672-3500 672-3528 672-3529 672-3530

## INCIDENT/ACCIDENT REPORT

Student's Full Name:		Date:	Location:	
Person Reporting:	le:	Time:	Referred to:	
			necessed to.	
Describe how the accident / incident occurred (what, when, who, where, how):				
ignature: Name of Witness (if any):				
•••••				
Immediate action taken by: Teacher	Dean of Students	Nurse Other		
			•	
Additional remediation efforts to prevent future recurrence:				

## Incident/ Accident Report

## STUDENT / WITNESS STATEMENT

Record all details of the incident as much as you can:
DDINT FULL MANE
PRINT FULL NAME:
SIGNATURE:
DATE: