

**ALBUQUERQUE PUBLIC SCHOOLS  
VISITOR ACCIDENT INVESTIGATION FORM**

<b>Location Name</b>		<b>Location Number</b>
<b>Date of Accident</b>		<b>Time of Accident</b>
<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>
<b>Street Address</b>		<b>Telephone No.</b>
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Details of Accident</b>		
<b>Specific location of accident (hallway in front of nurses office, sidewalk on N. side of campus, etc.)</b>		
<b>What damage or injury occurred? (right front fender of car dented, twisted ankle, etc.)</b>		
<b>Describe what happened:</b>		
<b>First Aid Treatment</b>		
<b>Was First Aid treatment given?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> <b>(If yes, describe treatment given:)</b>		
<b>(If yes, who administered treatment, name, title)</b>		
<b>Was 911 or any emergency services contacted?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> <b>(If yes, what agency responded? Where were they taken?)</b>		
<b>Witnesses (Use additional pages if necessary)</b>		
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other		
<b>Name:</b>		
<b>Address:</b>		<b>Telephone No.</b>
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other		
<b>Name:</b>		
<b>Address:</b>		<b>Telephone No.</b>

Please complete this form and fax it to Risk Management within 24 hours of being notified of the accident at (505) 881-2309.