## ALBUQUERQUE PUBLIC SCHOOLS VISITOR ACCIDENT INVESTIGATION FORM

Last Name   First Name   M.I.    Street Address   Telephone No.    City   State   Zip    Details of Accident    Specific location of accident (hallway in front of nurses office, sidewalk on N. side of campus, etc.)  What damage or injury occurred? (right front fender of car dented, twisted ankle, etc.)  Describe what happened:    First Aid Treatment    Was First Aid treatment given?   Yes   No    (If yes, describe treatment given:)    Was 911 or any emergency services contacted?   Yes   No    (If yes, what agency responded? Where were they taken?)    Witnesses (Use additional pages if necessary)      Staff   Student   Other    Name:   Telephone No.      Staff   Student   Other    Name:   Telephone No.      Telephone No.	Location Name		<b>Location Number</b>
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Please complete this form and fax it to Risk Management within 24 hours of being notified of the accident at (505) 884-4502.