

**ALBUQUERQUE PUBLIC SCHOOLS
VISITOR ACCIDENT INVESTIGATION FORM**

Location Name		Location Number
Date of Accident		Time of Accident
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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe treatment given:)		
(If yes, who administered treatment, name, title)		
Was 911 or any emergency services contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what agency responded? Where were they taken?)		
Witnesses (Use additional pages if necessary)		
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other Name:		
Address:		Telephone No.
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other Name:		
Address:		Telephone No.

Please complete this form and fax it to Risk Management within 24 hours of being notified of the accident at (505) 884-4502.