

Incident/Accident Form

Any time there is an incident/accident involving a teacher candidate, please notify the Director of Field Services as soon as possible. Please complete the incident/accident form and return it to the OFS. It is very important that as much detail as possible be recorded on this form and given to the OFS. Please use the back of the form and attach copies of any related information to this form. Be sure to keep a copy in your file of everything given to the OFS.

CLARION UNIVERSITY OF PENNSYLVANIA REPORT OF INCIDENT/ACCIDENT

Date of Incident/Accident: _____ Time of Incident/Accident: _____

Location of Incident/Accident (Please be specific): _____

Persons Injured

Name	Address	Phone #	Age	Extent of Injury

(If applicable) Property Damage: Estimated Amount of Damage _____

Owner	Address	Property Description	Damage description

Description of Incident/Accident

(If Available) Witnesses:

Name	Address	Phone Number

Report Submitted by:

Name Printed	Signature	Date