Global Community Charter School

Safety Makes Sense

INSTRUCTIONS FOR COMPLETION OF COMPREHENSIVE INJURY REPORT

In the event that the injured party is unable to complete this form, the school/site administrator or designee must complete the form on their behalf.

The Comprehensive Injury Report consists of three documents: a Fact Sheet, an Injury Description and a Witness Statement. All of these forms should be completed within twenty-four (24) hours after the occurrence of the injury. This will ensure the accurate reporting of all factors relevant to the injury. Print all information using blue or black ink, or use a typewriter. ***All supervisory signatures must be original –Please do not use signature stamps.***
Note: This is a carbonless form. Please print firmly when completing.

Part A. Fact Sheet

- Consists of detailed questions related to the nature of the incident and resulting injury. Please answer all applicable questions. If you intend to claim a **Line of Duty Injury,** it will be necessary to contact your School Secretary for the appropriate procedures.

Part B. Injury Description

- Requires a detailed description of the specifics of the incident and resulting injury. **PLEASE INDICATE THE NATURE, TIME, PLACE AND MANNER IN WHICH THE INJURY OCCURRED.**

Part C. Witness Statement

- Should be completed by any and all witnesses to the incident and resulting injury. **PLEASE INDICATE THE NATURE, TIME, PLACE AND MANNER IN WHICH THE INJURY OCCURRED. IT IS ASSUMED THAT YOUR STATEMENTS ARE BASED ON PERSONAL OBSERVATION. IF NOT PLEASE SPECIFY THE CIRCUMSTANCES UNDER WHICH YOU BECAME AWARE OF THIS INCIDENT.**

NOTE: THE MAKING OF A FALSE STATEMENT ON THESE DOCUMENTS WILL SUBJECT THE INDIVIDUAL(S) TO PENALTIES AND/OR DISALLOWANCE OF ANY CLAIM.

COMPLETED ORIGINAL REPORTS SHOULD BE PROVIDED TO THE SUPERINTENDENT'S OFFICE IN YOUR DISTRICT/SUPERINTENDENCY.

RETAIN SCHOOL COPY FOR YOUR FILES

PLEASE REMOVE THIS INSTRUCTION SHEET BEFORE COMPLETING REPORT FORMS

THE NEW YORK CITY DEPARTMENT OF EDUCATION
COMPREHENSIVE INJURY REPORT
PART A - FACT SHEET

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DIRECTIONS: Use this form to report all injuries involving students, staff members and other individuals occurring on or about DOE premises or at school sponsored events. **AN INJURY MUST BE REPORTED WITHIN TWENTY-FOUR (24) HOURS OF ITS OCCURRENCE.** Print all information using blue or black ink or use a typewriter. All signatures must be authentic - NO RUBBER STAMPS. **PLEASE NOTE: THE MAKING OF AN INTENTIONAL FALSE STATEMENT ON THIS DOCUMENT WILL SUBJECT THE INDIVIDUAL(S) TO PENALTIES AND/OR A DISALLOWANCE OF ANY CLAIM.**

INJURED PERSON DATA

1. Last Name (of Injured Person) | First | Middle Initial

2. Name Prior to Marriage | 3. Social Security # ___ ___ ___ / ___ ___ / ___ ___ ___ ___ | 4. File # _____ | 5. Student Identification # _____

6. Sex (Circle One) Male ○ Female ○ | 7. Date of Birth (Month/Day/Year) / / | 8. Home Telephone # Area Code ( )

9. Home Address | (City) | (State) | (Zip)

10. Status of Injured Person (Check one)

- A. ☐ STUDENT
- B. ☐ REG. TEACHER
- C. ☐ SUB. TEACHER
- D. ☐ PRINCIPAL/ASST. PRINCIPAL
- E. ☐ GUIDANCE COUNS., SCH. PSYCH., SCH. SOCIAL WKR., ETC.
- F. ☐ SCHOOL SECRETARY
- G. ☐ CUSTODIAL STAFF
- H. ☐ SCHOOL SAFETY STAFF
- I. ☐ PARENT/GUARDIAN
- J. ☐ VISITOR-DOE EMPLOYEE
- K. ☐ VISITOR-NON-DOE EMPLOYEE
- L. ☐ ANNUAL ADMINISTRATIVE
- M. ☐ HOURLY ADMINISTRATIVE
- N. ☐ ANNUAL SUPPORTIVE (PARA, ETC.)
- O. ☐ HOURLY SUPPORTIVE (SCH. AIDE, ETC.)
- P. ☐ VOLUNTEER
- Q. ☐ OTHER/SPECIFY_____

11. Assignment Location (Dist/Boro/School or Division/Office) | 12. Geographical Location of Injury if Off-Site (Only Answer if Location is Different from #11)

13. Telephone Number (Where Injury Occurred) | 14. Name of Supervising Teacher (If Student Injured) | 15. Name of Site Supervisor/Principal

16. Date of Injury (Month/Day/Year) / / | 17. Time of Injury (Circle AM or PM) ○ AM ○ PM | 18. Total Years of Service With DOE (If Employee Injured) | 19. Grade Level/Classroom/Class (If Student Injured)

INJURY DESCRIPTION

PLACE APPLICABLE NUMBERS IN THE BOXES BELOW, USING BLUE OR BLACK INK

20. GENERAL ACTIVITY
01 After School Activities
02 Before School Activities
03 Breakfast Program
04 Classroom Activity
05 Construction/Repair
06 Extended Use of School Building
07 Field Trip
08 Going to/from Class
09 Instruction/Teaching
10 Intramural Sports
11 Lunch/Recess
12 PSAL Athletics
13 Toiletting
98 N/A
99 Other

21. SPECIFIC ACTIVITY
01 Aerobics
02 Badminton
03 Baseball
04 Basketball
05 Bowling
06 Carrying
07 Climbing
08 Crew
09 Dancing
10 Dodgeball
11 Emergency Drills
12 Fencing
13 Football
14 Free Play
15 Golf
16 Gym
17 Gymnastics
18 Handball
19 Hockey
20 Jump Rope
21 Lacrosse
22 Lifting/Lowering Object
23 Lifting/Lowering Student
24 Punchball

21. SPECIFIC ACTIVITY CONT'D
25 Rope Climbing
26 Running
27 Security Activities
28 Sitting
29 Small Group Games
30 Soccer
31 Softball
32 Standing
33 Swimming
34 Teaching/Instruction
35 Tennis
36 Tetherball
37 Track/Field
38 Tumbling
39 Volleyball
40 Walking
41 Weight Training
42 Wheelchair, Use of
43 Wrestling
44 N/A
98 Other
99

22. INJURY LOCATION
01 Ambulette
02 Athletic Field
03 Auditorium
04 Bleacher
05 Boiler Room
06 Cafeteria
07 Classroom
08 Elevator/Escalator
09 Gymnasium
10 Hallway/Corridor
11 Kitchen
12 Lab
13 Locker Area
14 Lunchroom
15 Office
16 Parking Lot
17 Playground

22. INJURY LOCATION CONT'D
18 Public Transportation
19 Restroom
20 Roof
21 School Bus
22 School Yard
23 Science Lab
24 Shop
25 Shower Area
26 Sidewalk
27 Stadium
28 Staircase/Stairway
29 Swimming Pool
30 Workshop
31 N/A
98 Other

23. CAUSAL AGENT
01 Animal
02 Asbestos
03 Ball/Bat
04 Bloodborne Pathogens
05 Bodily Excretions
06 Cardiovascular Machines
07 Collapse/Structural
08 Construction Related
09 Debris/Glass
10 Door/Door Closing Device
11 Electricity
12 Equipment Failure
13 Explosion
14 Falling Object
15 Fence
16 Fire
17 Floor-Broken
18 Floor-Slippery/Wet
19 Free Weights
20 Furniture
21 Gym Apparatus
22 Heating/Ventilation System
23 Insect

23. CAUSAL AGENT CONT'D
24 Lab Chemicals
25 Lead Contamination
26 Mechanical Equipment
27 Medical Waste
28 Obstruction
29 Penetrating Object
30 Playground Equipment
31 Power Tool/Hand Tool
32 Private Vehicle
33 Railing/Stairway/Steps
34 School Bus
35 Sidewalk Broken/Uneven
36 Snow/Ice
37 Toxic Gases
38 Trees/Bushes
39 Water
40 Weapon
41 Weight Machines
42 Window
98 N/A
99 Other

24. CAUSAL AGENT-PERSON
01 DOE Employee
02 Other Person
03 Other Student
04 Self
98 N/A

25. BODY PART(S) INJURED
01 Abdomen
02 Ankle
03 Arm
04 Back
05 Buttocks
06 Cheek
07 Chest
08 Chin
09 Ear
10 Elbow
11 Eye
12 Face
13 Finger
14 Fingernail
15 Foot
16 Forehead
17 Groin
18 Hair
19 Hand
20 Head
21 Knee
22 Leg
23 Lip
24 Mouth
25 Neck
26 Nose
27 Ribs
28 Shoulder
29 Stomach
30 Thigh
31 Toe
32 Toenail
33 Tooth
34 Trunk
35 Wrist
98 N/A
99 Other

PLACE AN "X" IN THE APPROPRIATE BOXES BELOW USING BLUE OR BLACK INK.

26. Was Parent/Guardian Contacted? YES ☐ NO ☐
27. Did Injured Person Refuse Medical Attention? YES ☐ NO ☐
28. Was First Aid Administered at School/Site? YES ☐ NO ☐
29. Was Injured Person Taken to a Hospital? YES ☐ NO ☐
30. Was an Ambulance Utilized? YES ☐ NO ☐
31. Name of Nurse/Physician Used at School/Site
32. Name of Hospital
33. Name of Attending Physician

34. Signature of Injured Person | Date

35. Name of Preparer (If Other than Injured Party) | Signature | Title | Date

36. Signature of Site Supervisor/Principal | Date

37. Signature of Superintendent | Date

(IF LODI)- APPROVED/ ☐ DISAPPROVED ☐

ACCESS TO THIS FORM IS GOVERNED BY THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT AND CHANCELLOR'S REGULATION A-820 GRANTING PARENTS THE RIGHT TO INSPECT AND MAKE COPIES OF RECORDS MAINTAINED BY THE SCHOOLS THAT PERTAIN TO THEIR CHILD. ALL INFORMATION CONCERNING OTHER STUDENTS MUST BE DELETED FROM ANY COPIES MADE AVAILABLE TO PARENTS PURSUANT TO THIS PARAGRAPH IN ACCORDANCE WITH THE PROHIBITIONS ON RELEASE CONTAINED IN LAW AND REGULATION. PERSONAL INFORMATION CONCERNING TEACHERS OR OTHER STAFF (E.G. HOME ADDRESS, AGE) MUST ALSO BE DELETED FROM COPIES MADE AVAILABLE TO PARENTS.

O.O.R.S.
Dept. of Education Control # ___ ___ ___ ___ ___ ___ / ___ ___ ___ ___ ___ ___ / ___ ___ ___ ___

FORM #25-2744.45.4 (REV 10/02)

DISTRICT COPY

NEW YORK CITY BOARD OF EDUCATION
COMPREHENSIVE INJURY REPORT

PART B - INJURY DESCRIPTION

Safety Makes Sense

DIRECTIONS: Use this part to fully explain the specifics of the injury reported in Part A-Fact Sheet, involving students, staff members and other individuals occurring on or about BOE premises or at school sponsored events. You must complete Part A - Fact Sheet prior to completing this Injury Description. **AN INJURY MUST BE REPORTED WITHIN TWENTY-FOUR (24) HOURS OF ITS OCCURRENCE.** Print all information using blue or black ink or use a typewriter. All signatures must be authentic - NO RUBBER STAMPS. **PLEASE NOTE: THE MAKING OF AN INTENTIONAL FALSE STATEMENT ON THIS DOCUMENT WILL SUBJECT THE INDIVIDUAL(S) TO PENALTIES AND/OR DISALLOWANCE OF ANY CLAIM.**

INJURY DESCRIPTION

1. Last Name (of Injured Person)	First	Middle Initial

2. Name Prior to Marriage	3. File #	4. Student Identification #	5. Location of Injury - (Dist/Boro/School or Division/Office)
	_ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	

6. Date of Injury (Month/Day/Year)	7. Time of Injury (Circle AM or PM)
/ /	O AM O PM

NOTE: PRINT ALL INFORMATION USING BLUE OR BLACK INK OR USE A TYPEWRITER.

PLEASE INDICATE THE NATURE, TIME, PLACE AND MANNER IN WHICH THE INJURY OCCURRED.

8. Signature of Injured Person	Date

9. Name of Preparer (If Other than Injured Party)	Signature	Title	Date

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O.O.R.S.
Board of Education Control #__ __ __ __ __ __/__ __ __ __ __ __/__ __ __ __

RETURN ORIGINAL TO: BOARD OF REVIEW 65 COURT STREET - RM 811, BROOKLYN, NEW YORK 11201

BOARD OF REVIEW COPY

NEW YORK CITY BOARD OF EDUCATION
COMPREHENSIVE INJURY REPORT
PART C - WITNESS STATEMENT

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DIRECTIONS: This part is to be completed by any and all witnesses to the incident reported in Part A-Fact Sheet involving students, staff members and other individuals occurring on or about BOE premises or at school sponsored events. You must complete Part A - Fact Sheet prior to completing this Witness Statement. **AN INJURY MUST BE REPORTED WITHIN TWENTY-FOUR (24) HOURS OF ITS OCCURRENCE.** Print all information using blue or black ink or use a typewriter. All signatures must be authentic - NO RUBBER STAMPS. **PLEASE NOTE: THE MAKING OF AN INTENTIONAL FALSE STATEMENT ON THIS DOCUMENT WILL SUBJECT THE INDIVIDUAL(S) TO PENALTIES AND/OR A DISALLOWANCE OF ANY CLAIM.**

WITNESS DATA

1. Last Name (of Witness)	First		Middle Initial	2. Social Security # (of Witness) __ __ __/__ __/__ __ __ __
3. Home Address	(City)	(State)	(Zip)	4. Home Telephone # Area Code ( ) -
5. Work Address	(City)	(State)	(Zip)	6. Work Telephone # Area Code ( ) -
7. Relationship to Injured Party				

NOTE: PRINT ALL INFORMATION USING BLUE OR BLACK INK OR USE A TYPEWRITER.

8. Name of Injured Person	9. Location of Injury - (District/Boro/School or Division/Office)
10. Date of Injury - (Month/Day/Year) / /	11. Time of Injury (Circle AM or PM) ○AM ○PM

WITNESS STATEMENT

PLEASE INDICATE THE NATURE, TIME, PLACE AND MANNER IN WHICH THE INJURY OCCURRED. IT IS ASSUMED THAT YOUR STATEMENTS ARE BASED ON PERSONAL OBSERVATION, IF NOT PLEASE SPECIFY THE CIRCUMSTANCES UNDER WHICH YOU BECAME AWARE OF THIS INCIDENT.

12. Signature of Witness Date

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O.O.R.S.
Board of Education Control #__ __ __ __ __ __ __/__ __ __ __ __ __ __/__ __ __ __

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BOARD OF REVIEW COPY

FORM #25-2744.47.0 (REV 12/01)