

**MOUNTAIN BROOK CITY SCHOOLS
INCIDENT REPORT
PERSONAL INJURY (STUDENT OR NON-EMPLOYEE) AND/OR PROPERTY DAMAGE**

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION: BWF CB CR MBE MBJH MBH

OTHER: _____

**NAME OF PERSON INJURED
AND/OR NAME OF PERSON
REPORTING PROPERTY DAMAGE:** _____

Student Visitor Other _____

DESCRIPTION OF INCIDENT:

NATURE OF INJURIES OR PROPERTY DAMAGE (LIST ADDRESS OF PROPERTY DAMAGE IF OFF CAMPUS):

WITNESSES: (Attach witnesses statement(s) if necessary)

EMPLOYEE IN CHARGE AT TIME OF INCIDENT: _____

FIRST REPORTED TO: _____

DATE OF THIS REPORT: _____ COMPLETED BY: _____

PRINCIPAL'S SIGNATURE: _____

SCAN/EMAIL or PONY COMPLETED REPORT TO:

Revised: Dec 2017

Kari Austin, CSFO
Mountain Brook City Schools
32 Vine Street, Mountain Brook, Alabama 35213
Phone (205) 871-4608