



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**

Safety Makes Sense



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

INJURY DESCRIPTION

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. <input type="checkbox"/> STUDENT	F. <input type="checkbox"/> SCHOOL SECRETARY	K. <input type="checkbox"/> VISITOR-NON-DOE EMPLOYEE	
B. <input type="checkbox"/> REG. TEACHER	G. <input type="checkbox"/> CUSTODIAL STAFF	L. <input type="checkbox"/> ANNUAL ADMINISTRATIVE	
C. <input type="checkbox"/> SUB. TEACHER	H. <input type="checkbox"/> SCHOOL SAFETY STAFF	M. <input type="checkbox"/> HOURLY ADMINISTRATIVE	
D. <input type="checkbox"/> PRINCIPAL/ASST. PRINCIPAL	I. <input type="checkbox"/> PARENT/GUARDIAN	N. <input type="checkbox"/> ANNUAL SUPPORTIVE (PARA, ETC.)	
E. <input type="checkbox"/> GUIDANCE COUNS., SCH. PSYCH., SCH. SOCIAL WKR., ETC.	J. <input type="checkbox"/> VISITOR-DOE EMPLOYEE	O. <input type="checkbox"/> HOURLY SUPPORTIVE (SCH. AIDE, ETC.)	
		P. <input type="checkbox"/> VOLUNTEER	
		Q. <input type="checkbox"/> 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)	18. Total Years of Service With DOE (If Employee Injured)	19. Grade Level/Classroom/Class (If Student Injured)

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 Toileting 98 N/A 99 Other	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 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 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	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.				
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/ <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>				

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 # _____/_____/_____



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

Safety Makes Sense



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 #
	5. Work Address		(City)	(State)	(Zip)	6. Work Telephone #
						Area Code ()
						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		AM
				(Circle AM or PM)		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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