



## **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 ( )		(State) (Zip)	
9. Home Address					
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		21. SPECIFIC ACTIVITY CONT'D		22. INJURY LOCATION CONT'D	
01 After School Activities		25 Rope Climbing		18 Public Transportation	
02 Before School Activities		26 Running		19 Restroom	
03 Breakfast Program		27 Security Activities		20 Roof	
04 Classroom Activity		28 Sitting		21 School Bus	
05 Construction/Repair		29 Small Group Games		22 School Yard	
06 Extended Use of School Building		30 Soccer		23 Science Lab	
07 Field Trip		31 Softball		24 Shop	
08 Going to/from Class		32 Standing		25 Shower Area	
09 Instruction/Teaching		33 Swimming		26 Sidewalk	
10 Intramural Sports		34 Teaching/Instruction		27 Stadium	
11 Lunch/Recess		35 Tennis		28 Staircase/Stairway	
12 PSAL Athletics		36 Tetherball		29 Swimming Pool	
13 Toileting		37 Track/Field		30 Workshop	
98 N/A		38 Tumbling		31 N/A	
99 Other		39 Volleyball		98 Other	
		40 Walking			
		41 Weight Training			
		42 Wheelchair, Use of			
		43 Wrestling			
		44 N/A			
		98 Other			
		99			
21. SPECIFIC ACTIVITY		22. INJURY LOCATION		23. CAUSAL AGENT	
01 Aerobics		01 Ambulette		01 Animal	
02 Badminton		02 Athletic Field		02 Asbestos	
03 Baseball		03 Auditorium		03 Ball/Bat	
04 Basketball		04 Bleacher		04 Bloodborne Pathogens	
05 Bowling		05 Boiler Room		05 Bodily Excretions	
06 Carrying		06 Cafeteria		06 Cardiovascular Machines	
07 Climbing		07 Classroom		07 Collapse/Structural	
08 Crew		08 Elevator/Escalator		08 Construction Related	
09 Dancing		09 Gymnasium		09 Debris/Glass	
10 Dodgeball		10 Hallway/Corridor		10 Door/Door Closing Device	
11 Emergency Drills		11 Kitchen		11 Electricity	
12 Fencing		12 Lab		12 Equipment Failure	
13 Football		13 Locker Area		13 Explosion	
14 Free Play		14 Lunchroom		14 Falling Object	
15 Golf		15 Office		15 Fence	
16 Gym		16 Parking Lot		16 Fire	
17 Gymnastics		17 Playground		17 Floor-Broken	
18 Handball				18 Floor-Slippery/Wet	
19 Hockey				19 Free Weights	
20 Jump Rope				20 Furniture	
21 Lacrosse				21 Gym Apparatus	
22 Lifting/Lowering Object				22 Heating/Ventilation System	
23 Lifting/Lowering Student				23 Insect	
24 Punchball					
25. BODY PART(S) INJURED					
01 Abdomen		22 Leg			
02 Ankle		23 Lip			
03 Arm		24 Mouth			
04 Back		25 Neck			
05 Buttocks		26 Nose			
06 Cheek		27 Ribs			
07 Chest		28 Shoulder			
08 Chin		29 Stomach			
09 Ear		30 Thigh			
10 Elbow		31 Toe			
11 Eye		32 Toenail			
12 Face		33 Tooth			
13 Finger		34 Trunk			
14 Fingernail		35 Wrist			
15 Foot		98 N/A			
16 Forehead		99 Other			
17 Groin					
18 Hair					
19 Hand					
20 Head					
21 Knee					
PLACE AN "X" IN THE APPROPRIATE BOXES BELOW USING BLUE OR BLACK INK.					
26. Was Parent/Guardian Contacted? YES <input type="checkbox"/> NO <input type="checkbox"/>					
27. Did Injured Person Refuse Medical Attention? YES <input type="checkbox"/> NO <input type="checkbox"/>					
28. Was First Aid Administered at School/Site? YES <input type="checkbox"/> NO <input type="checkbox"/>					
29. Was Injured Person Taken to a Hospital? YES <input type="checkbox"/> NO <input type="checkbox"/>					
30. Was an Ambulance Utilized? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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)				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 # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_





RETURN ORIGINAL TO: BOARD OF REVIEW 65 COURT STREET - RM 811, BROOKLYN, NEW YORK 11201  
FORM #25-2744.47.0 (REV 12/01) BOARD OF REVIEW COPY