

STUDENT INCIDENT INVESTIGATIVE REPORT
Risk Management Department
Lincoln Public Schools

Phone: 402-436-1767
Fax: 402-458-3276

This form should be attached to the Student Incident Report and submitted to Risk Management, Box 14, LPSDO

Student Name: _____ Date of Injury: _____

School: _____

Did you see the incident occur? Yes No

What was your physical proximity to the incident? _____

What do you believe caused the incident? _____

Were you aware that the above cause existed? Yes No
If yes, what actions were taken to remove or correct the problem, if a problem existed?

Were rules discussed related to participation in this activity? Yes No

Was the injured student warned to stop the activity or cause of the incident? Yes No
If yes, by whom and how many times?

Was the injured person responsible or did they contribute to their injury in any manner? Yes No
If yes, explain:

Does the injured student have any physical or mental limitations
that caused or contributed to the incident? Yes No
If yes, please list and note whether or not you were aware of the limitations:

List the names and addresses of any witnesses:

Student Name: _____ Address: _____

Employee: _____ Address: _____

List any other relevant information:

PLEASE PRINT

Name of person completing this report: _____

Position with Lincoln Public Schools: _____ Date: _____