

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: _____