Sonora Union High School District 100 School Street, Sonora CA 95370 || Phone (209) 533-0423 x11 || Fax (209) 532-4513

(Not to be used inplace of Confidential School Accident Report or Claim Form)

Name of Reporting Party	Grade	Date of Incident	Time of Incident	Location of Incident
Date of Birth	Home Address			Phone Number
	Nam	ne(s) of Witness(es))	
Brief Description of Incident:				
Person Completing Report		Date		
Person completing Report		Dale		
Administrative Signature		Date	Time	
Do you want a Police Report? Yes 🔘	No 🔿			
List Items Stolen/Damaged and Their Va	lue:			
CONTACTED A		EN		FOLLOW-UP
Reporting Parent				
Reporting Student				
\sim				
Student(s) Involved (other than reporting				

Two (2) copies of report are required (Original and 1 yellow copy)