

# P.A.C.E. Academy

## Accident/Incident Report

### Pollack Academic Center of Excellence

This form should be completed in the event of an accident involving injury or death to a student, parent, staff, volunteer or member of the public. A copy should be given immediately to the Executive Administrative Assistant.

The objective is to report the claim quickly. Prompt reporting can expedite claim resolution. Try to gather as much information as possible, but don't worry if you do not have the answers to every question for the initial report.

Return this form **IMMEDIATELY** to the personnel in the main office

School Name: Pollack Academic Center of Excellence  
School Address: 23777 Southfield Rd. Southfield, MI 48075  
Contact: Charlene McMurray, Administrative Assistant

Name of injured Person: Dante Denning Telephone #: 1-248-579-7957

Date & Time of Accident: 5/28/2012 8:52 AM Location of Accident: Gym

Address of injured Person: 23680 Rockingham City, State, and Zip: Southfield, MI 48033

Describe what happened: Dante was playing basketball and got scapped under his left eye. He washed it up and put a bandage on it.

Where and how was injured person treated? in gym

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 8:55 left message  
 Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_  
 Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)  
 Ambulance transport took place with without parent consent (circle appropriate)  
 Parent refused ambulance transport  
 Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: 5/28/2012 / 8:57

# P.A.C.E. Academy

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School Name: Pollack Academic Center of Excellence  
School Address: 23777 Southfield Rd. Southfield, MI 48075  
Contact: Charlene McMurray, Administrative Assistant

M/S Flennoy (left message)

Name of injured Person: Brandon Flennoy Telephone #: 313-221-3995

Date & Time of Accident: 5/23/2012 Location of Accident: Gym

Address of injured Person: 19194 Levere City, State, and Zip: Detroit, MI 48235

Describe what happened: Brandon was running from one end of the gym to the other end of the gym and tripped on his shoe laces and hit his head on the wall.

Where and how was injured person treated? In the gym / ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 12:55 (left message)  
 Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_  
 Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)  
 Ambulance transport took place with/without parent consent (circle appropriate)  
 Parent refused ambulance transport  
 Student Medical Profile printed and provided to Paramedic

Reported By: D. Cleveland Signature: M. Daily

Date/Time of Reporting: 5/23/2012

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School Name: Pollack Academic Center of Excellence

School Address: 23777 Southfield Rd. Southfield, MI 48075

Contact: [Redacted] Administrative Assistant - **Doris Croxton**

*Ms. Berry*

Name of injured Person: Mikaya Hawley Telephone #: 404-661-6977

Date & Time of Accident: May 4, 2012/11:09 Location of Accident: Gym

Address of injured Person: 27350 Evergreen City, State, and Zip: Lathrop Village, MI 48076

Describe what happened: Mikaya was playing volleyball in physical education class and tripped over another student and fell down on the back of her head.

Where and how was injured person treated? In gym with ice packs

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 11:10

Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_

Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: May 4th, 2012 11:12

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School Name: Pollack Academic Center of Excellence

School Address: 23777 Southfield Rd. Southfield, MI 48075

Contact: ~~XXXXXXXXXX~~ Administrative Assistant = Doris Croxton

Name of injured Person: Daria King Telephone #: 313.397.5875

Date & Time of Accident: 4-24-12 Location of Accident: 104

Address of injured Person: 11665 Ilene St City, State, and Zip: Det, MI 48204

Describe what happened: Daria was taking a test in class, then her nose started bleeding, the teacher was trying to monitor her and the student, so she called down to the main office so that we can help out. Ms. Copeland & Mrs. Langford was in the office and began to assist me in stopping the nose bleed. Ms. Copeland worked on her and she had to pack her nose to stop the bleeding. It stopped for 5 mins, and begin to bleed

Where and how was injured person treated? She was treated in the main office and again. by Mrs. Copeland & Mrs. Langford her father is here

Circle procedures as follows:

Yes/No  Teacher contacted Parent. Time \_\_\_\_\_

Yes/No  Teacher sent student to inform the office about the accident. Time 9:25 A.M.

Yes/No  Office contacted mother/guardian/or next contact person on Emergency contact form. Time 9:55 A.M.

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No  Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: D. Copeland

Date/Time of Reporting: 4/24/12 10:10

8:15 - Pulse 80  
8:25 Pulse 74

Breathing 18  
Breathing 16

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School Name: Pollack Academic Center of Excellence  
School Address: 23777 Southfield Rd. Southfield, MI 48075  
Contact: XXXXXXXXXX Administrative Assistant - **Doris Croxton**

Talked to Mother  
Father on the way to pick her up

Name of injured Person: Denise Fortune Telephone #: (313) 234-1349

Date & Time of Accident: 4/10/2012 Location of Accident: Walking down stairs

Address of injured Person: 11302 Grayfield City, State, and Zip: Redford, MI 48

Describe what happened: Denise was walking down the stairs and her heart started beating fast.

Where and how was injured person treated? Office

Circle procedures as follows:

- Yes/No Teacher contacted Parent. Time 8:16
- Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_
- Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time 8:45AM

- Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)
- Ambulance transport took place with/without parent consent (circle appropriate)
- Parent refused ambulance transport
- Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: 4/10/2012 / 8:25

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School Name: Pollack Academic Center of Excellence

School Address: 23777 Southfield Rd. Southfield, MI 48075

Contact: [Redacted] Administrative Assistant - Devi Croxton

Name of injured Person: Debbie Copeland Telephone #: 8106293883

Date & Time of Accident: 3/28/2012 8:45am Location of Accident: front grass playground

Address of injured Person: 2430 Golden Shore Dr City, State, and Zip: Fenton, MS 48430

Describe what happened: Ms. Copeland took her physical education class out to play flag football and student Cepeda Phillips leveled her and she fell on her shoulder, hip, & knee.

Where and how was injured person treated? in the gym

Circle procedures as follows:

Yes/No  Teacher contacted Parent. Time \_\_\_\_\_

Yes/No  Teacher sent student to inform the office about the accident. Time \_\_\_\_\_

Yes/No  Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No  Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: 3/28/2012 9:20 am

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School Name: Pollack Academic Center of Excellence

School Address: 23777 Southfield Rd. Southfield, MI 48075

Contact: XXXXXXXXXX Administrative Assistant - **Doris Croxton**

*Mrs. Shields called*

Name of injured Person: Anthony Shields Telephone #: 313-646-6329 *left message*

Date & Time of Accident: 3/27/2012 2:00 Location of Accident: Gym

Address of injured Person: 20413 Manor City, State, and Zip: Detroit, MI 48221

Describe what happened: Anthony was jogging in gym class and tripped over his own feet and fell down into the gym floor and hit his head. No swelling, or pain, and did not want ice.

Where and how was injured person treated? Had student sit down

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:04

Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_

Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Capeland Signature: [Signature]

Date/Time of Reporting: 3/27/2012 2:05

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School Name: Pollack Academic Center of Excellence  
School Address: 23777 Southfield Rd. Southfield, MI 48075  
Contact: Visions EDC (P) 248-395-3977 (F) 248-395-0673

Name of injured Person: Arjeantra Banks Telephone #: 313-433-5661

Date & Time of Accident: 3/22/2012 11:05 Location of Accident: Gym

Address of injured Person: 23120 Wildwood City, State, and Zip: Oak Park, MI 48237

Describe what happened: \_\_\_\_\_

Arjeantra was walking in gym class and tripped over her own foot and fell and hit her head on the gym floor.

Where and how was injured person treated? in gym, sitting down, no ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 4:10

Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_

Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: 3/22/2012 11:12



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**School Name:** Pollack Academic Center of Excellence  
**School Address:** 23777 Southfield Rd. Southfield, MI 48075  
**Contact:** Charlene McMurray, Administrative Assistant

Name of injured Person: KEITH BALDWIN Telephone #: 313-995-3596

Date & Time of Accident: 9/7/2011 10:00 Location of Accident: Gym

Address of injured Person: 18160 West Haven City, State, and Zip: Southfield, MI 48034

Describe what happened: KEITH WAS PLAYING BASKETBALL AND  
WAS SCRAPPED ON THE LEFT CHEEK BY AN OTHER  
STUDENT.

Where and how was injured person treated? WASHED WITH SOAP & WATER

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 10:15  
 Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_  
 Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)  
\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)  
\_\_\_\_ Parent refused ambulance transport  
\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: 9/7/2011 9:28

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**School Name:** Pollack Academic Center of Excellence  
**School Address:** 23777 Southfield Rd. Southfield, MI 48075  
**Contact:** Charlene McMurray, Administrative Assistant

Name of injured Person: Jason Ford Telephone #: 1-313-613-8288

Date & Time of Accident: 9/12/2011 2:30 Location of Accident: gym

Address of injured Person: 17200 Stoppel City, State, and Zip: MI

Describe what happened: Jason was running laps in gym class and tripped and fell on his right knee.

Where and how was injured person treated? ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:32  
 Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_  
 Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)  
\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)  
\_\_\_\_ Parent refused ambulance transport  
\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: 9/12/2011 2:32

# P.A.C.E. Academy

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**School Name:** Pollack Academic Center of Excellence  
**School Address:** 23777 Southfield Rd. Southfield, MI 48075  
**Contact:** Charlene McMurray, Administrative Assistant

Name of injured Person: 24N HORTON Telephone #: 734-812-3778

Date & Time of Accident: 9/7/2011 / 10:00 Location of Accident: Gym

Address of injured Person: 22266 Civic Center Dr City, State, and Zip: Southfield, MI 48034

Describe what happened: 24N WAS PLAYING BASKETBALL AS  
TRIPPED OVER ANOTHER BOY AND PULLED HIS ANKLE.

Where and how was injured person treated? ICE PACK

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 10:05  
 Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_  
 Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)  
 Ambulance transport took place with/without parent consent (circle appropriate)  
\_\_\_\_ Parent refused ambulance transport  
\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D-Copeland Signature: John L. Copeland

Date/Time of Reporting: 9/7/2011

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Return this form **IMMEDIATELY** to the personnel in the main office

School Name: Pollack Academic Center of Excellence

School Address: 23777 Southfield Rd. Southfield, MI 48075

Contact: XXXXXXXXXX Administrative Assistant - Doris Croxton Mother Mrs. Laven

Name of injured Person: Lu' Angel Laven Telephone #: 1-313-587-5886

Date & Time of Accident: 10/27/2011 Location of Accident: Gym

Address of injured Person: 17309 Hilton St. City, State, and Zip: Southfield, MI 48075

Describe what happened: Lu' Angel was playing baseball in gym class and was hit in her stomach. Did not see any mark, but gave ice pack.

Where and how was injured person treated? in gym with ice pack.

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:50

Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_

Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time 2:50

Arrival time of person picking-up student Time 2:50

Yes/No  Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Lopez Signature: [Signature]

Date/Time of Reporting: 10/27/2011 / 2:51

# P.A.C.E. Academy

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School Name: Pollack Academic Center of Excellence

School Address: 23777 Southfield Rd. Southfield, MI 48075

Contact: ~~XXXXXXXXXX~~ Administrative Assistant - Devi Croxton

Name of injured Person: Ketwain Meredith Telephone #: 313-678-0938 Ms. Mother

Date & Time of Accident: 1/10/2012 Location of Accident: gym

Address of injured Person: 19497 Santa Barbara City, State, and Zip: Detroit, MI 48221

Describe what happened: Student was running during warm-ups and another student tripped and hit Ketwain from behind and Ketwain hit his head on the wall.

Where and how was injured person treated? ice pack in gym

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 8:40

Yes/No Teacher sent student to inform the office about the accident. Time 8:42

Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time N/A

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Capelant Signature: [Signature]

Date/Time of Reporting: 1/10/2012 / 8:42

# P.A.C.E. Academy

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**School Name:** Pollack Academic Center of Excellence  
**School Address:** 23777 Southfield Rd. Southfield, MI 48075  
**Contact:** Charlene McMurray, Administrative Assistant

Name of injured Person: Kaelin Riley Telephone #: 248-796-2073

Date & Time of Accident: 12/3/2011 Location of Accident: Gym

Address of injured Person: 13403 Pembroke City, State, and Zip: Detroit, MI 48235

Describe what happened: Kaelin was playing floor hockey in gym class and a student hit Kaelin in the mouth.

Where and how was injured person treated? in the gym; rinsed mouth out

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 10:00

Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_

Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)

\_\_\_\_\_ Ambulance transport took place with/without parent consent (circle appropriate)

\_\_\_\_\_ Parent refused ambulance transport

\_\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: [Signature] Signature: [Signature]

Date/Time of Reporting: 12/3/2011 / 10:15

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School Name: Pollack Academic Center of Excellence  
School Address: 23777 Southfield Rd. Southfield, MI 48075  
Contact: Charlene McMurray, Administrative Assistant

M. Carter  
734-612-9838

Name of injured Person: Micah Shelman Telephone #: ~~313-685-3525~~

Date & Time of Accident: 9:02 12/7/2011 Location of Accident: Gym

Address of injured Person: 12241 Vaughan City, State, and Zip: Detroit, MI 48228

Describe what happened: Difficult breathing during exercise  
has chest pain, Had Micah sit in tripod  
position.

Where and how was injured person treated? called home

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 9:05  
 Yes/No Teacher sent student to inform the office about the accident. Time \_\_\_\_\_  
 Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time \_\_\_\_\_

Arrival time of person picking-up student Time \_\_\_\_\_

Yes/No  Ambulance Called and Arrived (who called ambulance: \_\_\_\_\_)  
Ambulance transport took place with/without parent consent (circle appropriate)  
\_\_\_\_ Parent refused ambulance transport  
\_\_\_\_ Student Medical Profile printed and provided to Paramedic

Reported By: D. Copeland Signature: [Signature]

Date/Time of Reporting: 12/7/2011 / 9:05