

# 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: Delvord Adams Telephone #: (1-313-465-0085)

Date & Time of Accident: 4/24/14 1:50 Location of Accident: Gym

Address of injured Person: 15400 Oak Park Blvd City, State, and Zip: Oak Park, MS 38237

Describe what happened: Boys were playing basketball and another student ran into Delvord knee. He said he rolled right ankle

Where and how was injured person treated? Gym / ice

Circle procedures as follows:

Yes/ No Teacher contacted Parent. Time 1:52  
 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. Gentry Signature: D. Gentry

Date/Time of Reporting: 4/24/2014 1:55

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

Mrs Hayes  
313-467-0914

Name of injured Person: Jamal Hayes Telephone #: \_\_\_\_\_

Date & Time of Accident: 4/16/2014 Location of Accident: gym

Address of injured Person: 29265 Stillwater City, State, and Zip: Farmington, MS 38334

Describe what happened: Students were playing basketball and another student scratched this eye.

Where and how was injured person treated? Wet cloth and resting both eyes.

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 1:52  
 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. Caplan Signature: D. Caplan

Date/Time of Reporting: 4/16/2014 1:50

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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: Sarica Uddin Telephone #: 313-212-2459

Date & Time of Accident: 12/5/2013 2:35 Location of Accident: gym

Address of injured Person: 19169 Monica City, State, and Zip: Detroit, MI 48221

Describe what happened: Sarica was jumping or leaping over mat in gym and fell and landed on her right knee. Ice was applied and mom was called.

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

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:37

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. Lopez Signature: [Signature]

Date/Time of Reporting: 12/5/2013 2:35

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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: Brianna Jones-Hudgens Telephone #: 1-313-471-4945

Date & Time of Accident: 12/11/2013 2:39 Location of Accident: Gym

Address of injured Person: 14023 Ashton City, State, and Zip: Detroit, MI 48223

Describe what happened: Brianna was running during gym class and got back in line where another student lost her balance and fell on Brianna's leg.

Where and how was injured person treated? gym

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:45  
 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: 12/11/2013 / 2:53



Accident/Incident Report

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

School Name: Dr. Joseph F. Pollack Academic Center of Excellence (PACE)
School Address: 23777 Southfield Rd. Southfield, MI 48075
School Phone: 248/569.1060 Fax: 248/569.1403
Contact: Delores Render, Administrative Assistant

Name of injured person: Morgan Johnson

Telephone No.: (586) 222-7393

Address of injured person: 14885 Greenview City: Detroit MI Zip: 48223

Date & Time of Accident/Incident: 11/26/2013 Location: 1st floor hallway

Describe what happened: Morgan was doing the turkey trot and running in huts and fell on her side.

Where and how was the injured person treated? Office

Circle procedures as follows:

Yes / No Teacher contacted parent. Time: 11:55

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

Yes / No Office contacted parent 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/):

Yes / No Ambulance transport took place with /without parent consent.

Yes / No Parent refused ambulance transport.

Yes / No Student Medical Profile printed and provided to Paramedic.

Reported by: [Signature]

Signature: [Signature]

Date/Time of reporting: 11/26/2013 / 12:16

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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: Kylin Grant Telephone #: 313 - 740 - 4030 <sup>Mr. Grant</sup>

Date & Time of Accident: 11/11/2013 1:57 Location of Accident: Gym

Address of injured Person: 15803 Rosemont City, State, and Zip: Detroit, MI 48223

Describe what happened: Kylin was on a scooter  
in gym and fell off the scooter and landed  
on top of the scooter with your back.

Where and how was injured person treated? ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 1:57  
 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: P. Copeland Signature: [Signature]

Date/Time of Reporting: 11/11/2013 1:57

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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: Jewel Jones Telephone #: 313-549-3461

Date & Time of Accident: 10/31/2013 1:30 Location of Accident: Gym

Address of injured Person: 8245 Pinehurst City, State, and Zip: Dearborn MI 48205

Describe what happened: Jewel fell off the bleacher, when she  
put her books on the bleacher and strapped  
right leg.

Where and how was injured person treated? office

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 3:20

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. Lopez Signature: Dolly Lopez

Date/Time of Reporting: 10/31/2013

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

Kelly Greaves  
313-204-3442

Name of injured Person: Lambert Greave Telephone #: 313-213-1072 Dad

Date & Time of Accident: 10/22/2013 1:45 Location of Accident: 67m

Address of injured Person: 15314 Healy City, State, and Zip: Detroit, MI 48234

Describe what happened: Lambert Greave was playing Land Nines  
went he ran into the door and hit  
his hands and head on the door. (No swelling or bruising)

Where and how was injured person treated? n/a

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time \_\_\_\_\_ No incoming calls excepted.  
 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: 10/22/2013 1:55



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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: Briana Hall Telephone #: 248-227-1879 left message

Date & Time of Accident: 10/22/2013 12:34 Location of Accident: byron

Address of injured Person: 27124 Eldorado City, State, and Zip: Lathrop Village, MI 48076

Describe what happened: Briana was running and tripped  
and fell on her tummy and slid into the wall  
and hit her head.

Where and how was injured person treated? ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 12:40  
 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. Lojeland Signature: [Signature]

Date/Time of Reporting: 10/20/2013 12:41

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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: Tatiana Wilburn Telephone #: 1-313-658-4781

Date & Time of Accident: 10/18/2013 11:00 Location of Accident: gym

Address of injured Person: 544 Annin City, State, and Zip: Detroit MI 48203

Describe what happened: Tatiana hit her head on another student head, during gym activity.

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

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 11:02 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: Adriana Lopez

Date/Time of Reporting: \_\_\_\_\_



Accident/Incident Report

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

School Name: Dr. Joseph F. Pollack Academic Center of Excellence (PACE)  
School Address: 23777 Southfield Rd. Southfield, MI 48075  
School Phone: 248/569.1060 Fax: 248/569.1403  
Contact: Delores Render, Administrative Assistant

Name of injured person: Breyon Wimbley

Telephone No.: (313) 468.2107

Address of injured person: 10038 Beaverland city: Redford MI Zip: 48239

Date & Time of Accident/Incident: 10-11-13 2:15 Location: 249

Describe what happened: Breyon tripped over his shoelace & fell & hit his lip on the floor.

Where and how was the injured person treated? sent immediately to office

Circle procedures as follows:

- Yes /  No Teacher contacted parent. Time: \_\_\_\_\_
- Yes /  No Teacher sent student to inform the office about the accident. Time: 2:15pm
- Yes /  No Office contacted parent or next contact person on emergency contact form. Time: 2:18pm

Arrival time of person picking up student. Time: \_\_\_\_\_

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

Yes / No Ambulance transport took place with /without parent consent.

Yes / No Parent refused ambulance transport.

Yes / No Student Medical Profile printed and provided to Paramedic.

Reported by: B. Dunn

Signature: [Signature]

Date/Time of reporting: 10-11-13 2:42

# P.A.C.E. Academy

## Accident/Incident Report

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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: Charlene McMurray, Administrative Assistant

Ms. Thomas

Name of injured Person: Michael Wilbort Telephone #: 313-424-3258

Date & Time of Accident: 10/8/2013 2:12 Location of Accident: Gym

Address of injured Person: 21622 Hidden Hills City, State, and Zip: Southfield, MI 48075

Describe what happened: Michael walked up and said  
he went to the bathroom on his self. He  
never asked to go to the bathroom.

Where and how was injured person treated? sent to the office (got on dry pants)

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:14 left message  
 Yes/No Teacher sent student to inform the office about the accident. Time 2:13  
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: P. Copeland Signature: Debra L. Taylor

Date/Time of Reporting: 10/8/2013 2:17

# 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

248-499-2363 not working  
248-924-2342 not working  
~~Harold Hagan~~

Name of injured Person: Kheli Noland Telephone #: 248-254-4900 Dnd

Date & Time of Accident: 10/7/2013 2:35 Location of Accident: Gym

Address of injured Person: 2200 Jerome St City, State, and Zip: Oak Park, MI 48237

Describe what happened: Kheli was not feeling good so I sent her to the bathroom where she said she threw up.

Where and how was injured person treated? Call home no answer 3 numbers

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:50 Called 3 numbers no answer.  
 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: Dilly Lopez

Date/Time of Reporting: 10/7/2013 2:57

Dont know the correct day of the week

3:35 Resperations = 18

110 / 93

pulse = 81

Dont know the president is.

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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: Andrew Shephard Telephone #: (313) 972-9017 <sup>629-0616</sup>

Date & Time of Accident: 3:15 Location of Accident: RM: 237

Address of injured Person: 31831 Kingswood City, State, and Zip: Farmington Hills MI

Describe what happened: student was feeling hot.  
He said it was hard for him to  
Breathe.

Where and how was injured person treated? Brought in office - Vitals were checked

Circle procedures as follows:

- Yes/No Teacher contacted Parent. Time 3:30
- Yes/No Teacher sent student to inform the office about the accident. Time 3:25
- Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time 3:35

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: Dlynah Jamesca Harris Signature: Dlynah Jamesca Harris

Date/Time of Reporting: 9-18-13 3:25

# 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

MS. Norfleet

Name of injured Person: Anothy Norfleet Telephone #: 313-647-2065

Date & Time of Accident: 9/20/2013 9:25 Location of Accident: Gym

Address of injured Person: 17186 Stahelin City, State, and Zip: Detroit MI 48219

Describe what happened: Anothy was doing Taekwondo in gym class and during stretching a student in front of him stood up and she lost her balance and Anothy

and her bumped heads.

Where and how was injured person treated? Gym with ice

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 9:30  
 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: Dopelant Signature: D. L. Dopelant

Date/Time of Reporting: 9/20/2013

Don't know the correct day of the week

3:35 Resperations = 18

110 / 93

pulse = 81

Don't know the president is.

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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: Andrew Shepard Telephone #: (313) 972-9017 <sup>629-0616</sup>

Date & Time of Accident: 3:15 Location of Accident: RM: 237

Address of injured Person: 31831 Kingswood City, State, and Zip: Farmington Hills MI

Describe what happened: student was feeling hot.  
He said it was hard for him to  
Breathe.

Where and how was injured person treated? Brought in office - vitals were checked

Circle procedures as follows:

- Yes/No Teacher contacted Parent. Time 3:30
- Yes/No Teacher sent student to inform the office about the accident. Time 3:25
- Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time 3:35

Arrival time of person picking-up student Time 2:30

- 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: Jameck Harris Signature: Jameck Harris

Date/Time of Reporting: 9-10-13 3:25



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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: Charlene McMurray, Administrative Assistant

Mrs. Smith  
587-0745

Name of injured Person: Jordan Smith Telephone #: 1-313-340-881

Date & Time of Accident: 9/18/2013 Location of Accident: Gym

Address of injured Person: 15812 Wisconsin City, State, and Zip: Detroit, MI 48238

Describe what happened: Jordan was running in gym class and ran into another student. He hit his right cheek on another student.

Where and how was injured person treated? Gym / ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 9:35  
 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: 9/18/2013 9:34

# 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

Mrs. Taliaferro  
377-6973

Name of injured Person: Dwight Johnson Telephone #: 313-653-9045

Date & Time of Accident: 9/18/2013 9:29 Location of Accident: Gym

Address of injured Person: 16914 Marlowe City, State, and Zip: Detroit, MI 48235

Describe what happened: Dwight was running to the gym  
walk and turned around and ran into  
another student. He hit his lip.

Where and how was injured person treated? Gym / with ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 9:30  
 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: Dwight Johnson

Date/Time of Reporting: 9/18/2013 9:30

# 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: Jasmine Pope Telephone #: 313-204-4580 Ms. Pope

Date & Time of Accident: 9/17/2013 11:00 Location of Accident: Gym

Address of injured Person: 18325 Westhaven City, State, and Zip: Southfield, MI 48075

Describe what happened: Jasmine Pope was playing indoor  
hockey and was hit with hockey stick on the  
left first digit finger

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

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 11:08  
 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: Dr. Conland Signature: [Signature]

Date/Time of Reporting: 9/17/2013 11:08

# 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: Kenya Gary Telephone #: 313-598-3175 <sup>Grandmother</sup>

Date & Time of Accident: 9/17/2013 10:15 Location of Accident: Gym

Address of injured Person: 18901 Kentucky Street City, State, and Zip: Detroit, MI 48075

Describe what happened: Kenya was running in gym class  
and rolled her ankle over (left).

Where and how was injured person treated? in gym

Circle procedures as follows:

- Yes/No Teacher contacted Parent. Time 10:45
- 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. Lopez Signature: D. Lopez

Date/Time of Reporting: 9/17/2013 10:45



Accident/Incident Report

This form should be completed in the event of an accident involving injury or death of a student, parent, staff, volunteer or member of the public. A copy should be given immediately to the 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: Dr. Joseph F. Pollack Academic Center of Excellence (PACE)

School Address: 23777 Southfield Rd. Southfield, MI 48075

School Phone: 248/569.1060 Fax: 248/569.1403

Contact: Delores Render, Administrative Assistant

Name of injured person: Deondelo Malone

Telephone No.: (248) 595-8249

Address of injured person: 20517 Oldham Rd City: Southfield MI Zip: 48070

Date & Time of Accident/Incident: 9/10/2013 2:38 Location: Gym

Describe what happened: Deondelo was running in gym and another student ran into him and he fell and hit your head. I contacted Mrs. Malone @ 248-595-8249

Where and how was the injured person treated? Checked out by myself no ice needed.

Circle procedures as follows:

Yes /  No Teacher contacted parent. Time: 9/10/2013

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

Yes /  No Office contacted parent 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/): \_\_\_\_\_

Yes /  No Ambulance transport took place with /without parent consent.

Yes /  No Parent refused ambulance transport.

Yes /  No Student Medical Profile printed and provided to Paramedic.

Reported by: D. Copeland Signature: [Signature]

Date/Time of reporting: 9/10/2013 2:40

# 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: Mark Williams Telephone #: 313-728-3219

Date & Time of Accident: 9/13/2013 / 3:15 Location of Accident: gym

Address of injured Person: 8834 Coyle City, State, and Zip: Detroit, MI 48228

Describe what happened: We were playing Land Mines in gym class and another student scratched Mark in the face.

Where and how was injured person treated? Student sent to bathroom to wash scarp with soap and water at bandaid applied

Circle procedures as follows:

- Yes/No Teacher contacted Parent. Time 3:20
- 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: D. Copeland

Date/Time of Reporting: 9/13/2013 3:25

# 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

Ms. Toy

Name of injured Person: Kendra Baynham Telephone #: 313-703-9907

Date & Time of Accident: 10/19/2013 12:30 Location of Accident: gym

Address of injured Person: 18901 Kentucky Street City, State, and Zip: Detroit MI 48221

Describe what happened: Kendra was trying to do jump rope in gym class and fell and hit her lip. Ice was given to her.

Where and how was injured person treated? ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 12:30  
 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 NO

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. Cooper Signature: D. Cooper

Date/Time of Reporting: 10/19/2013 12:35

# 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

Mrs. Sharpe

Name of injured Person: Alani Sharpe Telephone #: 313-717-7382

Date & Time of Accident: 9:37 / 3/20/2014 Location of Accident: Gym

Address of injured Person: 4388 Woodmont City, State, and Zip: Detroit, MI 48227

Describe what happened: Michael Willet was playing around  
and grabbed on the back of Alani and  
then punched her in the jaw.

Where and how was injured person treated? in the gym

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 9:40  
 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: 3/20/2014 / 9:40



# 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: Makhia Blackman Telephone #: 770-866-3787

Date & Time of Accident: 2/13/2014 Location of Accident: Gym

Address of injured Person: 16171 Price Lane City, State, and Zip: Detroit, MI 48221

Describe what happened: Makhia was sitting on the floor during gym class and another student straddled out her legs and her head went across

Where and how was injured person treated? ice pack her back.

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:08

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. Caplan Signature: [Signature]

Date/Time of Reporting: 2:08 2/13/2014

# 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.

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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: Charlene McMurray, Administrative Assistant

313 670-9449

Name of injured Person: Michael Gilmer Telephone #: 248-739-2553

Date & Time of Accident: 2/27/2014 Location of Accident: Gym

Address of injured Person: 20920 Rampart City, State, and Zip: Southfield, MI 48033

Describe what happened: Michael was watching a movie  
in gym class and vomited on the  
floor in gym class.

Where and how was injured person treated? gym

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 12:35

Yes/No Teacher sent student to inform the office about the accident. Time 12:35

Yes/No Office contacted mother/guardian/or next contact person on Emergency contact form. Time 12:39 Grandma

Arrival time of person picking-up student Time 12:50

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. Copeland Signature: D. Copeland

Date/Time of Reporting: 2/27/2014 12:35



# Dr. Joseph F. Pollack Academic Center of Excellence

## Accident/Incident Report

This form should be completed in the event of an accident involving injury or death of a student, parent, staff, volunteer or member of the public. A copy should be given immediately to the 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: Dr. Joseph F. Pollack Academic Center of Excellence (PACE)

School Address: 23777 Southfield Rd. Southfield, MI 48075

School Phone: 248/569.1060 Fax: 248/569.1403

Contact: Delores Render, Administrative Assistant

Name of injured person: Jaylen Washington

Telephone No.: (248) 979-1815

Address of injured person: (363) Monica City: Detroit MI Zip: 48238

Date & Time of Accident/Incident: 2/10/2014 Location: Gym

Describe what happened: Jaylen was sitting in gym when his nose started bleeding.

Where and how was the injured person treated? treated in gym and office applied ice, and used sterile gauze.

Circle procedures as follows:

Yes /  No Teacher contacted parent. Time: 9:30

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

Yes /  No Office contacted parent 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/): \_\_\_\_\_

Yes /  No Ambulance transport took place with /without parent consent.

Yes /  No Parent refused ambulance transport.

Yes /  No Student Medical Profile printed and provided to Paramedic.

Reported by: D. Copeland

Signature: Delores Render

Date/Time of reporting: 2/10/2014 9:50



**Children's Hospital  
of Michigan**

*always there just for them.*

**Carman and Ann Adams  
Department of Pediatrics**  
Cardiology Division  
Wayne State University  
School of Medicine

**Director**  
Richard A. Humes, M.D.

**Faculty**  
Sanjeev Aggarwal, M.D.  
Preetha Balakrishnan, M.D.  
Jennifer Blake, M.D.  
Thomas J. Forbes, M.D.  
James Galas, M.D.  
Pooja Gupta, M.D.  
Srinath Gowda, M.D.  
Richard A. Humes, M.D.  
Peter P. Karpawich, M.D.  
Deemah Mahadin, M.D.  
Robert D. Ross, M.D.  
Yamuna Sanil, M.D.  
Harinder Singh, M.D.  
Julie Sommerfield, M.D.  
Daniel R. Turner, M.D.

**Adult Congenital Heart Disease**  
Julie Kovach, M.D.

**Nurse Practitioner**  
Laraine Moody, MSN, CPNP-AC/PC  
Kathleen Zelin, RN, MSN, CPNP

**Clinical Staff Nurses**  
Corinne Biggs, RN, BSN, CPN  
Pamela Burton, RN, BSN, CPN  
Jessica Gagern, RN, BSN, CPN  
Kathryn Holmes, RN

**Transplant Coordinator**  
Andrea Martinovich, MSN, FNP-BC

**Administrative Manager**  
Linda B. Thompson

**Clinical Manager**  
Laura Deutschman, MSN, RN-BC

(Rev. Feb, 2013)

**Carman and Ann Adams  
Department of Pediatrics**  
Cardiology Division

3901 Beaubien Blvd.  
Detroit, MI 48201-2196  
313-745-5111 24-Hour Telepage  
313-745-5481 Phone  
313-993-0894 Fax  
313-966-2423 Referrals Fax

**Date:** 12/2/13

Breyon Wimbley (DOB: 8/28/06) was evaluated  
in the Cardiology Clinic at Children's Hospital of Michigan.

He/She was last seen on 12/2/13

**The diagnosis is:**

Transplant recipient (heart)

**Our recommendations are as follows:**

**School:**

- May attend regular school.**  
 **Needs transportation to school.**

**Physical Activity:**

- No restrictions are necessary.**  
 **May participate in regular classroom activities and supervised gym, but should be allowed to rest if complains of fatigue.**  
 **May participate in regular classroom activities only.**  
 **Should NOT participate in gym or competitive sports.**  
 **NO contact sports.**  
 **NO competitive sports (school-affiliated or extracurricular).**  
 **Other:** \_\_\_\_\_

**For more information regarding this patient, please contact  
our office at 313-745-5481.**

M.D.



CHM Cardiology/PB 2006  
Revised: 4/2012 LD

# 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: Makhi Buggies Telephone #: 313-957-9245

Date & Time of Accident: 1/21/2014 Location of Accident: Gym

Address of injured Person: 8895 Motte Rd City, State, and Zip: Detroit, MI 48228

Describe what happened: Makhi was a guest in gym class playing basket ball and another student scrapped him. I had him was it up with soap

Where and how was injured person treated? In gym/bathroom and gave him a bandage to cover it.

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 2:00

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: D. Copeland Signature: [Signature]

Date/Time of Reporting: 1/21/2014 2:01

# P.A.C.E. Academy

## Accident/Incident Report

### Pollack Academic Center of Excellence

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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

313-363-9930 cell

Name of injured Person: Jade Hudson Telephone #: 313-864-7668

Date & Time of Accident: 1/21/2014 3:10 Location of Accident: gym

Address of injured Person: 19607 Bentwood City, State, and Zip: Detroit, MI 48221

Describe what happened: Jade showed up in gym and her nose started bleeding.

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

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 7:11  
 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: Debra L. Copeland

Date/Time of Reporting: 1/21/2014 / 3:10

# 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: Mya Williams Telephone #: 313-461-6399

Date & Time of Accident: 12/16/2013 9:50 Location of Accident: Gym

Address of injured Person: 18805 Lumphin St City, State, and Zip: Detroit, MI 48234

Describe what happened: Mya Williams was flipping and  
another student in the lip. It split  
her lip and is swollen up.

Where and how was injured person treated? ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 9:55

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. Lopez Signature: [Signature]

Date/Time of Reporting: 12/16/2013

# 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.

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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: Charlene McMurray, Administrative Assistant

Mrs. McBride

248-678-4348

Name of injured Person: Beja Hardy Telephone #: ~~313-675-9679~~

Date & Time of Accident: 1/16/2014 Location of Accident: Gym

Address of injured Person: 19791 Midway City, State, and Zip: Southfield MI 48075

Describe what happened: Beja was running and fell  
and another student hit her left pointer  
finger with her head. Ice was given

Where and how was injured person treated? Ice pack

Circle procedures as follows:

Yes/No Teacher contacted Parent. Time 3:23 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: P. Lopez Signature: [Signature]

Date/Time of Reporting: 1/16/2014 2:24