



## GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

Complete this form for all incidents/accidents that you become aware of, even if a claim is not being presented at the time of the occurrence. Examples of when this form should be completed include, but are not limited to, the following:

- Student altercations.
- Incidents/accidents arising out of sporting events.
- Incidents/accidents arising out of shop, gym, swimming, chemistry, etc.
- Any incident involving physical restraint of a student by a school employee.
- Any incident/accident involving member's transportation services resulting in an injury to an individual, i.e, student entering, leaving or riding in the vehicle.
- Any incident/accident involving children crossing streets while approaching or leaving school grounds, including incidents when crossing guard is present.
- Any allegation by a student involving molestation, bullying or harassment by another student or employee.
- Any visitor/volunteer injury and contractor injuries.



# GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

## GENERAL INFORMATION

MEMBER NAME \_\_\_\_\_ BUILDING NAME \_\_\_\_\_

DATE OF INCIDENT/ACCIDENT \_\_\_\_\_ TIME  A.M.  P.M.

NAME OF INJURED \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Is injured:  STUDENT  EMPLOYEE  VISITOR  VOLUNTEER  CONTRACTOR  CONTRACTED EMPLOYEE

DATE OF BIRTH \_\_\_\_\_ PARENT NAME \_\_\_\_\_

ADDRESS OF INJURED/PARENT \_\_\_\_\_

HOME PHONE OF INJURED/PARENT \_\_\_\_\_ OFFICE PHONE OF INJURED/PARENT \_\_\_\_\_

## INSURANCE INFORMATION

Is the person covered by any other health care coverage (including coverage under parents/guardians plan)?  YES  NO

If no, sign here: \_\_\_\_\_

NAME OF HEALTH CARE COVERAGE/PLAN \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POLICY/CONTRACT NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_ GUARANTOR NAME \_\_\_\_\_

Location of accident:  SCHOOL BLDG  SCHOOL GROUNDS  SCHOOL BUS  TO/FROM SCHOOL  OTHER Describe: \_\_\_\_\_

Place of accident:  CLASSROOM  GYM  SHOP  HALLWAY/STAIRWAY  PLAYGROUND  
 PARKING LOT  SPORTING EVENT/PRACTICE  OTHER Describe: \_\_\_\_\_

Describe incident/accident: \_\_\_\_\_  
\_\_\_\_\_

WITNESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

Was medical treatment sought?  YES  NO Where? \_\_\_\_\_

If hospital, was ambulance called?  YES  NO Ambulance company: \_\_\_\_\_

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_

REPORT PREPARED BY \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_