

## General Liability Incident/Accident Report

District Name: \_\_\_\_\_

Date of Incident/Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Injured: \_\_\_\_\_ Is Injured:  Student  Employee  Visitor

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Address of Injured/Parent: \_\_\_\_\_

Telephone Number of Injured/Parent: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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: \_\_\_\_\_

Witnesses: Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Was Medical Treatment Sought?  Yes  No Where: \_\_\_\_\_If Hospital, Was Ambulance Called?  Yes  No Ambulance Company: \_\_\_\_\_Is Injured Party Seeking Assistance with Medical Bills?  Yes  No

Injured Party Health Insurer: \_\_\_\_\_

Health Insurance Group Number: \_\_\_\_\_

Health Insurance Enrollee ID Number: \_\_\_\_\_

Is the Injured a Medicare Recipient?  Yes  No

Additional Remarks: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_