

## GENERAL LIABILITY INCIDENT/ACCIDENT REPORT

District Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of Incident/Accident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

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

Date of Birth: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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

Telephone # of Injured/Parent: Home: (AC) (Phone Number) Work: (AC) (Phone Number)

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: (AC) (Phone Number)

Name: \_\_\_\_\_ Telephone: (AC) (Phone Number)

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: (AC) (Phone Number) Date: \_\_\_\_\_

**Please use separate form for additional injuries**