

INCIDENT REPORT FORM (Non-Automobile)
For Students and General Public Only

CONFIDENTIAL INFORMATION

Original and two copies to be forwarded to the Liability Claims Office. The fourth copy retained by principal at school. This report is **“confidential”** and is intended to be sent to the District’s legal counsel in preparation for litigation.

Date of incident: _____ Time of incident: _____ School: _____ Did incident occur on School Property? Yes No

Place of Incident (be specific): _____

Name of Person Injured: _____ Date of Birth: _____ Sex: M F Grade _____

If student, names of parents/guardians: _____

Home Address: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Describe injury and/or damage incurred (be specific): _____

Describe what happened and how (continue on reverse side or separate sheet if necessary): _____

Name/age/address/telephone number of all witnesses: _____

First Aid given by: _____ Sent to School Nurse by Whom: _____

School Nurse Report: _____

Signature of P.H.N. _____

Sent home at (time): _____ By: _____

Sent to physician at (time): _____ By: _____

Name/address of physician: _____

Sent to hospital at (time): _____ By: _____

Name/address of hospital: _____

Diagnosis (if known): _____

Was parent/other responsible person notified? Yes No Who was notified? _____

By Whom? _____ Time: _____ How: _____

Other important information: _____

Signature of Person Preparing this Report: _____ **Title:** _____ **Date:** _____

Signature of Principal: _____ **Date:** _____

Sign In Blue Ink Only

Distribution: Original with two copies to the Liability Claims Office

