

Please use this form to ∼ REPORT ALL CLAIMS OR POTENTIAL CLAIMS DO NOT use this form to ∼ REPORT EMPLOYEE (on-the-job) INJURIES

Report to CSDSIP Immediately and Forward Supplemental Information Under a Separate Cover, If Necessary

GENERAL INFORMATION	
Member	DATE COMPLETED
Name of Contact Person	PHONE
INCIDENT INFORMATION SCHOOL ENTITY LIABILITY	AUTO PROPERTY DAMAGE/LOSS (NON-VEHICLE)
DATE OF INCIDENT TIME	☐ AM / ☐ PM
LOCATION CLASS PLAYGROUND GYM LABORATORY	SHOP OFF-PREMISES OTHER
SCHOOL NAME	
INCIDENT LOCATION	
DESCRIPTION OF INCIDENT OR ACCIDENT	
WITNESS(ES)	PHONE
IDENTIFY AGENCY CALLED TO SCENE (police, fire, etc.)	REPORT #
INJURIES (complete separate form for each injured individual)	STUDENT EMPLOYEE OTHER
Name	GENDER AGE GRADE
Address	HOME PHONE
Name of Parent/Guardian (if applicable)	Work Phone
PART OF BODY INJURED	Type of Injury (e.g., cut, burn)
EXTENT OF INJURY (e.g., minor, severe)	# OF SCHOOL DAYS LOST
Name of Person in Charge at Time of Accident	
TITLE PHONE	Present at Scene? Yes No
ACTION TAKEN/BY WHOM/WHEN	IF STUDENT, ACCIDENT INSURANCE?
☐ SENT TO SCHOOL NURSE ☐ SENT HOME ☐ 911 CALLED ☐ SENT TO	O HOSPITAL/DR YES NO
NON-VEHICLE PROPERTY DAMAGE/LOSS	
PROPERTY DESCRIPTION/DAMAGE	SER # EST. LOSS \$
Owner	DISTRICT EMPLOYEE YES NO
ADDRESS	PHONE: HOME WORK
VEHICLE PROPERTY DAMAGE/LOSS CITATION/VIOLATI	ON MEMBER'S DRIVER OTHER DRIVER
DAMAGE TO MEMBER'S VEHICLE (ATTACH STATE ACCIDENT REPORT IF AVAILABLE)	
MEMBER'S VEHICLE YR MAKE MODEL	LICENSE # VIN #
NAME OF DRIVER OF MEMBER'S VEHICLE	PHONE HOME WORK
DESCRIBE DAMAGE TO MEMBER'S VEHICLE	Est Loss \$
DAMAGE TO OTHER VEHICLE (ATTACH STATE ACCIDENT REPORT IF AVAILABLE)	
OTHER VEHICLE YR MAKE MODEL	LICENSE # VIN #
Driver/Address	PHONE HOME WORK
OWNER (IF NOT OWNER) ADDRESS	PHONE HOME WORK
DESCRIBE DAMAGE TO OTHER VEHICLE	Est Loss \$
OTHER VEHICLE INSURANCE CO.	Policy #
INSURANCE AGENT/ADDRESS	PHONE
REPORTED BY:	DATE: