



School Insurance Specialists

### GENERAL LIABILITY INCIDENT/ACCIDENT REPORT

Please use separate form for additional injuries

Member Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Name of Injured: \_\_\_\_\_

Is Injured: Student  Employee  Visitor  Volunteer

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

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

Telephone # 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 #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

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: \_\_\_\_\_