



CLAIM REPORTING PROTOCOLS FOR THIRD PARTY ACCIDENTS, STUDENT ACCIDENTS, PROPERTY LOSSES, AND VEHICLE ACCIDENTS

Risk Management
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I. SUMMARY OF RESPONSIBILITIES IMMEDIATELY FOLLOWING A REPORTED ACCIDENT/OR INJURY OF A THIRD PARTY OR STUDENT.

Employee Responsibilities

- A. Immediately notify your principal, manager, or supervisor. The principal, manager, supervisor or director will assess the situation, assist with arranging proper medical care and begin the injury reporting process.
- B. No later than one (1) business day, the employee must complete a Witness Statement Form (RM-2) stating what they witnessed or know about the accident/injury and give the report to your principal, manger, or supervisor.
- C. Promptly cooperate with your principal, manager, supervisor or director, risk management in the completing of all relevant documents and the investigation of the claim.

Principal/Manager/Supervisor Direct Responsibilities

- A. Immediately assess the accident/injury and assist the third party or student in seeking appropriate medical care or necessary care for the accident. If an injury is a potential life-threatening emergency, call 911.
- B. If injured is a student, contact the parent of the student to inform the parent of the injury and get their input as to whether they want paramedics called, to pick up student, or the student to continue day at class if the injury appears to be non-life threatening.
- C. Fill out Student or Third Party Accident Notice Form (TP76) and send to the Risk Department the same day as the accident. (This form is to be completed anytime a student claims an injury while on campus or for any third party who claims an accident or injury while on the campus.)
- D. Take photos of the accident area as soon as possible after the accident and send them to the Risk Management Department.
- E. Be sure to capture and save any video surveillance of the accident and send it to Risk Management as soon as possible.

INVESTIGATION

The initial accident investigation is required to determine the basic causes of the accident by asking the questions who, what, where, when and how.

It is crucial that investigations begin rapidly while memories are fresh. It is imperative to obtain the required documentation from the employee and witnesses regarding their knowledge of all accidents.

Your accident investigation is a means of finding factual data of an accident with the intention of facilitating, changing or improving our environment for the safety of our students and staff.

General Guidelines for Investigating Accident:

- A. Inspect and record any physical characteristics or conditions of the accident site immediately after the alleged accident.
- B. Have the injured person provide details regarding the accident if possible.
- C. Ask simple open-ended questions, one question at a time, and attempt to have events related chronologically to ensure thorough coverage of items.
- D. Ask when, where, who, how, and what was said or done.
- E. Have witnesses provide a written statement.
- F. Avoid commenting on any information gathered except to confirm your understanding or to clarify it.
- G. Avoid opinion, judgments or conclusions, and be as objective as possible.
- H. Preserve any physical evidence, such as potentially defective equipment, and notify Risk Management of its existence.
- I. If there is video of the accident, provide the camera number, date, time when reporting the claim. Promptly preserve all video related to the accident. If you have any questions regarding the preservation of videos, contact the Security Department or Risk Management for further information.

II. Property Losses

Anytime the property of The Caddo Parish School Board is lost, damaged, or stolen, the Principal is to submit a fully completed Property Loss Notice (PL76) to Risk management on the property. The Property Loss Notice (PL76) also applies to I-Pads, Chrome Book, etc. Risk Management will pass copies of the Property Loss Notice to other various Departments at the School Board so your school's inventory can be properly adjusted.

III. Vehicle Accidents

Accident Reports are to be submitted to Risk Management by the Principal or Supervisor of any employee who is involved in an accident in a company vehicle or in their personal vehicle while conducting School Board business. Use Vehicle Accident Report Form (RM-1).

IV. Listing of Risk Management Forms to Be Used in Above Listed Situations

- A. Student or Third Party Accident Notice Form (TP76). This form is to be completed anytime a student or non-employee reports an accident. This form is to be completed by the Principal or Supervisor and sent to Risk Management the day of the accident.
- B. Witness Statement Form (RM-2). This form is to be completed by anyone who witnesses an accident or has any information related to an accident whether the accident is a work related injury or otherwise. This form is also to be completed by the first person who had knowledge of the accident or injury or/and by the witnesses to the accident/injury.
- C. Property Loss Notice (PL76). This form is to be completed by the Principal or Supervisor when school property is damaged, lost, or stolen.
- D. Vehicle Accident Report Form (RM-1). This form is to be completed by the Principal or Supervisor of any employee who is involved in an accident in a company vehicle or in their personal vehicle while conducting School Board Business.
(The forms listed above are found online at the Caddo Website under the Forms Section at the top of the Website.)

V. Risk Management Contact Information

Risk Management
Caddo Parish School Board
1961 Midway Avenue
Shreveport, LA 71108
Telephone (318) 603-6321
Fax (318) 603-6320

Jeff Chitwood – Risk Manager
Telephone (318) 603-6314
Email: jbchitwood@caddoschools.org

Tanny Days – Risk Management Secretary
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TP

TP76
(Rev. 8/04)

STUDENT OR THIRD PARTY
ACCIDENT NOTICE

Caddo Parish School Board

SCHOOL/DEPT. _____

ADDRESS _____

DATE AND TIME OF ACCIDENT _____

LOCATION OF ACCIDENT _____

INJURED PERSON

NAME _____ AGE _____

ADDRESS _____

BUSINESS PHONE _____ RESIDENCE PHONE _____

WAS IT A STUDENT? _____ IF SO, GRADE _____

WHAT WAS INJURED DOING WHEN HURT-DESCRIBE ACCIDENT _____

INJURY

NATURE & EXTENT OF INJURY _____

WHERE WAS INJURED TAKEN _____

NAME OF DOCTOR _____

IF STUDENT, WERE PARENTS NOTIFIED? _____

PROPERTY DAMAGE

OWNER _____

ADDRESS _____

BUSINESS PHONE _____ RESIDENCE PHONE _____

LIST DAMAGE _____

ESTIMATED COST OF REPAIRS _____

WHAT COULD HAVE BEEN DONE TO PREVENT THIS OCCURRENCE _____

SIGNATURE: _____ DATE: ____/____/____

Principal or Supervisor

FORWARD FORM TO BUS-MAINTENANCE OFF.

CADDO PARISH SCHOOL BOARD
Risk Management

WITNESS NAME: _____ TELEPHONE NUMBER: _____
DEPARTMENT: _____ POSITION: _____

DATE OF EVENT: _____ TIME OF EVENT: _____
LOCATION OF EVENT (*Street, City, State, Zip*): _____

Describe what you know about the accident/incident in detail.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Date _____

Return Witness Statement to Risk Management within 24 hours of the accident/incident.
RM-2 7/27/2015

PROPERTY LOSS NOTICE
CADDO PARISH SCHOOL BOARD

NAME OF SCHOOL / DEPT: _____

ADDRESS: _____

DATE OF LOSS: _____ TIME: _____ ☐ AM ☐ PM

TYPE OF LOSS (Fire, Theft, Vandalism, Etc.): _____

DESCRIPTION OF DAMAGE OR LOSS:

LIST DAMAGED OR STOLEN ITEMS:

QUANTITY	DESCRIPTION (ITEM, BRAND, SERIAL NUMBER, ETC.)	COST	DAMAGED OR STOLEN

POLICE REPORT MADE: ☐ YES ☐ NO IF YES, POLICE DEPARTMENT _____

DATE REPORTED TO POLICE _____ REPORT # _____

COMMENTS:

SIGNATURE _____ DATE _____
PRINCIPAL OR SUPERVISOR

VEHICLE ACCIDENT REPORT

CADDO PARISH SCHOOL BOARD
Risk Management

GENERAL INFORMATION

DATE OF ACCIDENT:	TIME OF ACCIDENT:	<input type="checkbox"/> AM
LOCATION OF ACCIDENT (Street, City, State, Zip)		<input type="checkbox"/> PM

RESPONDING AGENCY INFORMATION

AGENCY REPORTED TO:	REPORT NUMBER:
CITATION ISSUED:	TO WHOM:

CADDO PARISH SCHOOL BOARD VEHICLE INFORMATION

CPSB VEHICLE NUMBER:	YEAR	MAKE	MODEL	LICENSE PLATE NUMBER:
DRIVER'S NAME:				
DRIVER'S DEPARTMENT:				TELEPHONE NUMBER:
LIST PASSENGERS (IF APPLICABLE):				DRIVERS LICENSE NUMBER:
				TELEPHONE NUMBER:
EXTENT OF VEHICLE DAMAGE/LOCATION OF VEHICLE DAMAGE:				
WERE ANY INJURIES REPORTED? IF SO, IDENTIFY INDIVIDUAL(S) AND TYPE OF INJURY:				

OTHER VEHICLE INFORMATION

YEAR	MAKE	MODEL	LICENSE PLATE STATE & NUMBER
DRIVER'S NAME:		DRIVERS LICENSE NUMBER:	TELEPHONE NUMBER:
OWNER'S NAME:		TELEPHONE NUMBER:	
OWNER'S ADDRESS:			
LIST PASSENGERS (IF APPLICABLE):		TELEPHONE NUMBER:	
EXTENT OF VEHICLE DAMAGE/LOCATION OF VEHICLE DAMAGE:			
INSURANCE COMPANY NAME:		POLICY NUMBER:	
WERE ANY INJURIES REPORTED? IF SO, IDENTIFY INDIVIDUAL(S) AND TYPE OF INJURY:			

OTHER VEHICLE INFORMATION

YEAR	MAKE	MODEL	LICENSE PLATE STATE & NUMBER
DRIVER'S NAME:		DRIVERS LICENSE NUMBER:	TELEPHONE NUMBER:
OWNER'S NAME:		TELEPHONE NUMBER:	
OWNER'S ADDRESS:			

Supervisors/Managers shall complete and submit to Risk Management with all driver and witness statements within 24 hours of the accident.

RM-1 Revised 6/27/2017

