General Liability Incident/Accident Report

i Instructions

Complete this form for all incidents/accidents that you become aware of, even if a claim is not being made at the time of the occurrence. Examples of when this form should be completed include, but are not limited to, the following:

- Student altercations
- Incidents/accidents arising out of sporting events
- Incidents/accidents arising out of shop, gym, swimming, chemistry, etc.
- Any incident involving physical restraint of a student by a school employee
- Any incident/accident involving a member's transportation services resulting in an injury to an individual (i.e., a student entering, leaving, or riding in the vehicle)
- Any incident/accident involving children crossing streets while approaching or leaving school grounds, including incidents when a crossing guard is present
- Any allegation by a student involving molestation, bullying, or harassment by another student or employee
- Any visitor/volunteer injury or contractor injuries

MASB-SEG PROPERTY/CASUALTY POOL

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1 General Information

MEMBER NAME:

BUILDING NAME:

DATE OF INCIDENT/ACCIDENT:

TIME: ☐ AM ☐ PM

NAME OF INJURED:

SOCIAL SECURITY NUMBER:

Is injured: ☐ Student ☐ Employee ☐ Visitor ☐ Volunteer ☐ Contractor ☐ Contracted Employee

DATE OF BIRTH:

PARENT NAME:

ADDRESS OF INJURED/PARENT:

HOME PHONE OF INJURED/PARENT:

OFFICE PHONE OF INJURED/PARENT:

2 Insurance Information

Is the person covered by any other healthcare coverage (including coverage under a parent or guardian's plan)? ☐ Yes ☐ No

If no, sign here:

NAME OF HEALTHCARE COVERAGE/PLAN:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

POLICY/CONTRACT NUMBER:

GROUP NUMBER:

GUARANTOR NAME:

MASB-SEG PROPERTY/CASUALTY POOL

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3 Incident/Accident Information

Location of accident: ☐ School Building ☐ School Grounds ☐ School Bus ☐ To/From School ☐ Other: _____

Place of accident: ☐ Classroom ☐ Hallway/Stairway ☐ Sporting Event/Practice ☐ Parking Lot ☐ Gym ☐ Other: _____ ☐ Playground ☐ Shop

Describe incident/accident:

WITNESS NAME: _____ PHONE: _____

NATURE OF INJURY: _____

Was medical treatment sought? ☐ Yes ☐ No If yes, where? _____

If hospital, was ambulance called? ☐ Yes ☐ No Ambulance company: _____

ADDITIONAL REMARKS: _____

REPORT PREPARED BY: _____ TITLE: _____

PHONE: _____ DATE: _____