NORTH BAY SCHOOLS INSURANCE AUTHORITY
INCIDENT REPORT FORM - ACCIDENTS

TO BE COMPLETED IMMEDIATELY! THE SCHOOL EMPLOYEE WHO EITHER WITNESSES, OR DISCOVERS THE INCIDENT SHOULD COMPLETE THIS FORM. THE REPORT SHOULD IMMEDIATELY BE FORWARDED TO SUPERVISOR'S OFFICE FOR REPORTING TO SUPERINTENDENT AND NBSIA.	**CONFIDENTIAL REPORT** **THIS REPORT IS CONDIFENTIAL AND IS INTENDED TO BE SENT TO NBSIA'S CLAIMS ADMINISTRATOR AND DISTRICT'S LEGAL COUNSEL FOR USE IN RECOVERING LOSSES AND DEFENDING LITIGATION.**

SCHOOL DISTRICT

INCIDENT LOCATION _____ ADDRESS _____

INJURED'S NAME | AGE

INJURED'S ADDRESS _____ HOME PHONE

WHERE DID ACCIDENT OCCUR? | DATE | TIME

DESCRIBE HOW THE ACCIDENT OCCURRED _____

WHO WAS THE PERSON IN CHARGE AT THE TIME OF THE ACCIDENT?

WAS HE/SHE PRESENT AT THAT TIME? ☐ YES ☐ NO

DID THE INJURED VIOLATE ANY RULES? ☐ YES ☐ NO

NAMES OF WITNESSES. CHECK BOX IF ANY ARE YOUR EMPLOYEES _____ ☐ PHONE _____

_____ ☐ PHONE _____

_____ ☐ PHONE _____

APPARENT NATURE OF INJURY

INJURED PART(S) OF BODY

FIRST AID PROCEDURES USED AND BY WHOM _____

IF TREATED BY DOCTOR GIVE NAME/ADDRESS _____

DISPOSITION OF INJURED AFTER ACCIDENT

☐ HOME ☐ DOCTOR ☐ HOSPITAL ☐ OTHER

NAME AND ATTITUDE OF ANYONE CONTACTING DISTRICT _____

WAS ANYTHING ELSE DONE FOR INJURED PERSON? _____

REMARKS:

REPORT COMPLETED BY	APPROVED BY	DATE APPROVED	DATE OF REPORT

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