

## School District Student Accident/Incident Report Form

School District:		School Building where student normally attends classes:	
Student Name:		D.O.B	Sex:
Address:		City:	State:
Grade:			
Name of Parent or Guardian:			
School building where accident/incident occurred:		Date of Occurrence:	Time:
Person in charge at the time of accident/incident:		Title:	
Adult Witness Name:		Phone Number:	
<b>Place of accident/incident ( Please Check One)</b>			
Athletic Field <input type="checkbox"/>	Auditorium <input type="checkbox"/>	Automobile <input type="checkbox"/>	Cafeteria <input type="checkbox"/>
Home <input type="checkbox"/> Away <input type="checkbox"/>			
Classroom <input type="checkbox"/>	Gymnasium <input type="checkbox"/>	Hallway <input type="checkbox"/>	Home & Career <input type="checkbox"/>
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Library <input type="checkbox"/>	Locker room <input type="checkbox"/>	Office <input type="checkbox"/>	Off Premises <input type="checkbox"/>
Restroom <input type="checkbox"/>	Parking Lot <input type="checkbox"/>	Playground <input type="checkbox"/>	Pool <input type="checkbox"/>
School bus <input type="checkbox"/>	Science Lab <input type="checkbox"/>	Stairway <input type="checkbox"/>	Technology <input type="checkbox"/>
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Traveling to or from school or school sponsored activity, (please explain)			
Brief Description of accident/incident: (state what individual was doing at the time, what machine, object or substance caused accident/incident)			
Signs and symptoms noted immediately after the accident/incident:			
Description of First Aid given:			
By Whom:			
Were the following called?		Was the injured taken anywhere?	
Parent	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes Where:	
Physician	Yes <input type="checkbox"/> No <input type="checkbox"/>	By What means:	
Ambulance	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Person Completing this form	Signature:	Date:	
<b>BUSINESS OFFICE USE ONLY:</b>			
Reviewed by Business Administrator		Date	
Date Filed:	Sent to Insurance Company:	Legal Action:	

Please E-Mail Forms to:

Utica National Insurance Company: [Amherstschoolfiledowns@uticanational.com](mailto:Amherstschoolfiledowns@uticanational.com)

cc: Haylor Freyer and Coon, Inc Claims department: [claims@haylor.com](mailto:claims@haylor.com)

**(or)** fax to HF&C 315 703 8175