

INCIDENT REPORT

COLORADO SCHOOL DISTRICTS SELF INSURANCE POOL
455 Sherman St., Suite 455 • Denver, CO 80203 • (303) 722-2600 • 800-332-3556 • FAX (303) 722-7888

*Please use this form to ~ REPORT ALL CLAIMS OR POTENTIAL CLAIMS
DO NOT use this form to ~ REPORT EMPLOYEE (on-the-job) INJURIES*

Report to CSDSIP Immediately and Forward Supplemental Information Under Separate Cover, If Necessary

GENERAL INFORMATION

MEMBER

DATE COMPLETED

NAME OF CONTACT PERSON

PHONE

INCIDENT INFORMATION

SCHOOL ENTITY LIABILITY

AUTO

PROPERTY DAMAGE/LOSS (NON-VEHICLE)

DATE OF INCIDENT

TIME

AM / PM

LOCATION CLASS PLAYGROUND GYM LABORATORY SHOP OFF-PREMISES OTHER _____

SCHOOL NAME

INCIDENT LOCATION

DESCRIPTION OF INCIDENT OR ACCIDENT

WITNESS(ES)

PHONE

IDENTIFY AGENCY CALLED TO SCENE (police, fire, etc.)

REPORT #

INJURIES (complete separate form for each injured individual) NONE

STUDENT

EMPLOYEE

OTHER

NAME

GENDER

AGE

GRADE

ADDRESS

HOME PHONE

NAME OF PARENT/GUARDIAN (if applicable)

WORK PHONE

PART OF BODY INJURED

TYPE OF INJURY (e.g., cut, burn)

EXTENT OF INJURY (e.g., minor, severe)

OF SCHOOL DAYS LOST

NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT

TITLE

PHONE

PRESENT AT SCENE? YES NO

ACTION TAKEN/BY WHOM/WHEN

SENT TO SCHOOL NURSE SENT HOME 911 CALLED SENT TO HOSPITAL/DR

IF STUDENT, ACCIDENT INSURANCE?

YES NO

NON-VEHICLE PROPERTY DAMAGE/LOSS

PROPERTY DESCRIPTION/DAMAGE

SER #

EST. LOSS \$

OWNER

DISTRICT EMPLOYEE

YES NO

ADDRESS

PHONE: HOME

WORK

VEHICLE PROPERTY DAMAGE/LOSS

CITATION/VIOLATION

MEMBER'S DRIVER

OTHER DRIVER

DAMAGE TO MEMBER'S VEHICLE (ATTACH STATE ACCIDENT REPORT IF AVAILABLE)

MEMBER'S VEHICLE YR _____ MAKE _____ MODEL _____ LICENSE # _____ VIN # _____

NAME OF DRIVER OF MEMBER'S VEHICLE

PHONE HOME

WORK

DESCRIBE DAMAGE TO MEMBER'S VEHICLE

EST LOSS \$

DAMAGE TO OTHER VEHICLE (ATTACH STATE ACCIDENT REPORT IF AVAILABLE)

OTHER VEHICLE YR _____ MAKE _____ MODEL _____ LICENSE # _____ VIN # _____

DRIVER/ADDRESS

PHONE HOME

WORK

OWNER (IF NOT OWNER)/ADDRESS

PHONE HOME

WORK

DESCRIBE DAMAGE TO OTHER VEHICLE

EST LOSS \$

OTHER VEHICLE INSURANCE CO.

POLICY #

INSURANCE AGENT/ADDRESS

PHONE

REPORTED BY:

DATE:

Please Fax (303.722.7888) or Email (mikeq@cstdsip.net) your completed Incident Report