

**TROY SCHOOL DISTRICT
4400 LIVERNOIS ROAD
TROY, MI 48098**

VISITOR LIABILITY INCIDENT/ACCIDENT REPORT

Date of Incident/Accident: _____ Time: _____ a.m./p.m.

Name if Injured: _____

Date of Birth: _____

Address of Injured: _____

Telephone Number of Injured: Home () _____ Work: () _____

Location of Accident: School Building Name of Building _____

School Grounds School Bus Other _____

Place of Accident: Classroom Gym Shop Hallway/Stairwell

Playground Sporting Event/Practice Other _____

Describe Incident/Accident: _____

Witness Name _____ Telephone Number () _____

Witness Name _____ Telephone Number () _____

Nature of Injury: _____

Was Medical Treatment Sought: Yes No Where? _____

If Hospital, was ambulance called? Yes No Ambulance Company _____

Additional remarks: _____

Report Prepared by _____ Title _____

Administrator's signature _____

Telephone: () _____ Building/Location _____ Date: _____

Please return this form to the Troy School District's Business Office. Please call 248-823-4010 if you have questions