

TO BE COMPLETED IMMEDIATELY! THE SCHOOL EMPLOYEE WHO EITHER WITNESSED THE DAMAGE OR INJURY, OR IS SUPERVISING SHOULD COMPLETE THIS FORM. IF POSSIBLE THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL 'S OFFICE.		ST. MARTIN PARISH SCHOOL		
		P O BOX 1000 BREAUX BRIDGE LA 70517		
THE PRINCIPAL SHOULD NOTIFY <u>ANTHONY POLOTZOLA IMMEDIATELY !!</u>		THIS REPORT IS FOR THE CONFIDENTIAL USE OF LOCA AND OF THE ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION.		ACCIDENT/INJURY REPORT FOR STUDENTS, VISITORS & OTHERS
TYPE CLAIM	STUDENT <input type="checkbox"/>	INJURY <input type="checkbox"/>	SCHOOL/DIVISION	
VISITOR <input type="checkbox"/>		DAMAGE <input type="checkbox"/>		
OTHER <input type="checkbox"/>				
SHOOL/DIVISION ADDRESS			PHONE NUMBER	
NAME OF STUDENT/VISITOR/OTHER (INCL S.S.#)		GRADE OR OCCUPATION	AGE	SEX
HOME ADDRESS			HOME PHONE NUMBER	
WHERE DID ACCIDENT OCCUR?			DATE	TIME
HOW DID ACCIDENT OCCUR? (INCLUDE EXTENT OF INJURY AND /OR DEGREE & ESTIMATED AMOUNT OF PROPERTY DAMAGE)				
NATURE OF INJURY				
FIRST AID APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		BY WHOM?	DISPOSITION OF INJURED (RETURN TO WORK, HOME, DOCTOR, HOSPITAL)	
WITNESSES PRESENT AT TIME OF ACCIDENT				
NAME		ADDRESS		PHONE NUMBER
STUDENT INFORMATION				
DOES INJURED STUDENT HAVE SCHOOL ACCIDENT INSURANCE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			NAME OF INSURANCE COMPANY	
WAS ANY SCHOOL RULE VIOLATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, EXPLAIN COMMENT ON SUPERVISION		
HAVE PARENTS CONTACTED SCHOOL? IF YES EXPLAIN BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO		WERE PARENTS CONTACTED BY SCHOOL? IF YES EXPLAIN BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE PARENTS OR STUDENT TOLD THEY WOULD BE CONTACTED AGAIN? EXPLAIN BELOW. <input type="checkbox"/> YES <input type="checkbox"/> NO	
GENERAL LIABILITY (3RD PARTY) INFORMATION				
WHY WAS THIS PERSON ON PREMISES?			NAME OF DOCTOR	
OCCUPATION	BUSINESS PHONE		MARITAL STATUS	
EMPLOYED BY				
COMMENTS				
REPORT SUBMITTED BY	POSITION	DATE	PRINCIPAL OR DESIGNATE	DATE

**** ATTACH STATEMENTS OF WITNESSES. ****