INCIDENT REPORT

COLORADO SCHOOL DISTRICTS SELF INSURANCE POOL

6857 South Spruce Street Centennial, CO. 80112 • (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 | VIN # | 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

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

OWNER *(IF NOT OWNER)*/ADDRESS | PHONE

DESCRIBE DAMAGE TO OTHER VEHICLE | EST LOSS $

OTHER VEHICLE INSURANCE CO. | POLICY #

INSURANCE AGENT/ADDRESS | PHONE

REPORTED BY: | DATE:

Please Email (claims@csdsip.net) or Fax (303.722.7888)your completed Incident Report