

# 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

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 ([david@csdsip.net](mailto:david@csdsip.net)) your completed Incident Report