



INCIDENT REPORT FORM – ACCIDENTS

**Not to be used for Workers' Compensation,
Volunteers or Students**

TO BE COMPLETED IMMEDIATELY!		CONFIDENTIAL REPORT	
<p>THE SCHOOL EMPLOYEE WHO EITHER WITNESSES, OR DISCOVERS THE INCIDENT SHOULD COMPLETE THIS FORM. THE REPORT SHOULD IMMEDIATELY BE FORWARDED TO SUPERVISOR'S OFFICE FOR REPORTING TO SUPERINTENDENT AND NBSIA.</p>		<p>THIS REPORT IS CONFIDENTIAL AND IS INTENDED TO BE SENT TO NBSIA'S CLAIMS ADMINISTRATOR AND DISTRICT'S LEGAL COUNSEL FOR USE IN RECOVERING LOSSES AND DEFENDING LITIGATION.</p>	
SCHOOL DISTRICT		SITE	
SITE ADDRESS		PHONE NO.	
INJURED'S NAME	AGE	VISITOR TYPE (PARENT/GUEST ETC.)	
INJURED'S ADDRESS	HOME PHONE		
WHERE DID ACCIDENT OCCUR?	DATE	TIME	
BRIEF DESCRIPTION OF INCIDENT:			
WHO WAS THE PERSON IN CHARGE AT THE TIME OF THE ACCIDENT?			
WAS HE/SHE PRESENT AT THAT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BRIEF DESCRIPTION OF INJURY:			
First aid applied? <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRST AID PROCEDURES USED AND BY WHOM:		
DISPOSITION OF INJURED AFTER ACCIDENT <input type="checkbox"/> HOME <input type="checkbox"/> DOCTOR <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER:			
WITNESSES PRESENT AT TIME (INDICATE IF ANY ARE EMPLOYEES)			
NAME:		PHONE #:	
ADDITIONAL COMMENTS:			
REPORT COMPLETED BY	DATE	APPROVED BY	DATE

DISTRIBUTION:
(1 COPY TO EACH)

NBSIA
380A CHADBOURNE RD
FAIRFIELD, CA 94534

DISTRICT OFFICE

SITE

(Ed. 1/20)

North Bay Schools Insurance Authority

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