

**STATE OF ALABAMA DEPARTMENT OF EDUCATION
LOCAL SCHOOL SYSTEM
PERSONAL INJURY/PROPERTY DAMAGE REPORT**

All sections in yellow must be completed as they pertain to the injury/damage

SCHOOL DISTRICT Mountain Brook City Schools **School** _____

Date of Incident: _____ **Time of Incident:** _____

INJURED PERSON
1. Name _____ **Age** _____ **Phone #** _____
2. Address _____

PREMISES CONDITION
3. Check the type of premises and conditions
Type of Premises: _____ **Conditions:** _____ **Notified Police Dept.:** _____
Report No.: _____

INCIDENT DESCRIPTION*
4. Briefly Describe What Happened

WITNESSES*
 Provide Full Name, Address & Phone # of Each Witness
5. Name _____ **Address** _____ **Phone #** _____

DESCRIPTION OF INJURY*
6. Injury - Describe the Type, Severity, Body Part Involved

6a. Was Medical Treatment Given?

6b. Name of Medical Facility/Doctor _____ **Transported by:** _____

PROPERTY DAMAGE
7. Owner's Name _____
7a. Describe the property and the damage: _____
7b. Estimated Repair/Replacement cost: _____
7c. Driver's Lic. # _____

INSURANCE ON THE DAMAGED PROPERTY
8. Insurance Questions:
a. Do you have insurance on the damaged property? _____
 (If yes, provide insurance company information and attach copy of statement of applicable coverage for the damaged property.)

*Additional Space on Back **I certify that the above information is correct to the best of my knowledge.**

Signature of Claimant: _____ **Date:** _____
Signature of Supervisor reporting accident: _____ **Date:** _____
Signature of Principal: _____ **Date:** _____
Signature of Chief Financial Officer: _____ **Date:** _____
Signature of Superintendent: _____ **Date:** _____

ALL SIGNATURES ARE REQUIRED TO COMPLETE AND PROCESS FORM.

B. Continued: Description of specific activity at the time of accident

C. Continued: Extra Witnesses

Name:

Address:

Phone #:

E. Continued:

Date of previous injury/condition

Treatment Provider(s)

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