

MABE Group Insurance Pool General Liability Accident Report

Use this form to report all accidents where someone other than a school district employee, is injured or their property is damaged. **DO NOT ADMIT LIABILITY OR COMMIT THE SCHOOL DISTRICT'S RESPONSIBILITY FOR THE INCIDENT.**

School System:

Name of School:

Address of School:

Specific Location of Loss:

Date of Loss:

Time of Loss:

Person *making* the claim:

Name:

Phone:

Age:

Address:

If Property Damage, Describe the damage:

Estimated Cost of Damaged Property:

If Bodily Injury, Describe the injury:

Describe Specific Details of the Occurrence:

Officials Notified:

Fire Dept:
Report Number:

Police Dept:

Witness(es):

Name:

Address

Phone

Name:

Address

Phone

Person *Reporting* this claim:

Name:

Title:

Phone:

Date: