

## SCHOOL INCIDENT REPORT FORM FOR INSURANCE PUROSES

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**SASKATCHEWAN SCHOOL BOARDS ASSOCIATION**

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<b>1 G E N E R A L</b>	Name of School Division: _____		
	Name and Address of School: _____		
	Date of Incident M/D/Y: _____ Time _____ : _____ a.m. / p.m. Telephone # ( ) - _____		
	Description of How Incident Occurred: _____		
	<p><b>Witnesses:</b></p> <p>(1) Name: _____                  Teacher/Instructor/Other: _____                  Witness Activity at Time: _____</p> <p>(2) Name: _____                  Teacher/Instructor/Other: _____                  Witness Activity at Time: _____</p>	<p><b>Location of Incident:</b></p> <p>L01 <input type="checkbox"/> Basement                  L02 <input type="checkbox"/> Cafeteria/Lunchroom                  L03 <input type="checkbox"/> Classroom                  L04 <input type="checkbox"/> Shops/Lab/Kitchen                  L05 <input type="checkbox"/> Doors/Entrance Areas                  L06 <input type="checkbox"/> Dormitories                  L07 <input type="checkbox"/> Gymnasium/Auditorium                  L08 <input type="checkbox"/> Hallways/Lockers                  L09 <input type="checkbox"/> Library/Office/Lounge/                        Study Room                  L10 <input type="checkbox"/> Park/Grounds                  L11 <input type="checkbox"/> Parking Lot</p>	<p>L12 <input type="checkbox"/> Playing Fields                  L13 <input type="checkbox"/> Playground Equipment                  L14 <input type="checkbox"/> Pool                  L15 <input type="checkbox"/> Rink                  L16 <input type="checkbox"/> Sidewalks/Roads Off                        Facility Property                  L17 <input type="checkbox"/> Stairs with Building                  L18 <input type="checkbox"/> Stairs/Sidewalks within                        Grounds                  L19 <input type="checkbox"/> Washrooms/Changing                        Rooms/Showers                  L20 <input type="checkbox"/> Other – (please explain)</p>

See back of page for the remainder of form.

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For Bodily Injury / Other Party Damage  
complete Section "A"

COMPLETE THE APPROPRIATE SECTION

For Loss or Damage to Facility and/or  
Contents complete Section "B"

Name of Person Involved: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Grade/Year/Night School: \_\_\_\_\_  
 (Schools Only)  
 Student/Visitor/Other: (explain) \_\_\_\_\_ Division/Program: \_\_\_\_\_  
 Parent/Guardian/Emergency Contact: \_\_\_\_\_ Notified?  Yes  No How? \_\_\_\_\_  
 Telephone #: ( ) - \_\_\_\_\_  
 Parent/Guardian/Emergency Contact Instructions: \_\_\_\_\_  
 Emergency Treatment:  Yes  No What? \_\_\_\_\_ By Whom? \_\_\_\_\_  
 Advised to Seek Medical Treatment:  Yes  No Where? \_\_\_\_\_ Hospitalized Overnight?  Yes  No  
 How Transported? \_\_\_\_\_

SECTION A

<b>Nature of Injury/Damage:</b> N01 <input type="checkbox"/> Bruise/Abrasion/Swelling N12 <input type="checkbox"/> Open Wound / Laceration N02 <input type="checkbox"/> Burn N03 <input type="checkbox"/> Concussion (suspected) N13 <input type="checkbox"/> Sprain/Strain (suspected) N04 <input type="checkbox"/> Crushed N05 <input type="checkbox"/> Dental Damage N14 <input type="checkbox"/> Winded N06 <input type="checkbox"/> Dislocation N15 <input type="checkbox"/> Property DMB / Other Party N07 <input type="checkbox"/> Fatality/Death N08 <input type="checkbox"/> Fracture N16 <input type="checkbox"/> Bites/Stings N09 <input type="checkbox"/> Imbedded Object N17 <input type="checkbox"/> Other – (please explain) N10 <input type="checkbox"/> No Information N11 <input type="checkbox"/> Nosebleed		<b>Body Area:</b> B01 <input type="checkbox"/> Arms/Shoulder/Elbow B09 <input type="checkbox"/> Multiple Areas B02 <input type="checkbox"/> Chest/Abdomen/Pelvis B10 <input type="checkbox"/> Neck B03 <input type="checkbox"/> Eyes B11 <input type="checkbox"/> No Information B04 <input type="checkbox"/> Face B12 <input type="checkbox"/> Spine/Back B05 <input type="checkbox"/> Feet/Toes B13 <input type="checkbox"/> Teeth/Mouth B06 <input type="checkbox"/> Fingers/Hands/Wrists B14 <input type="checkbox"/> Other – (please explain) B07 <input type="checkbox"/> Head/Forehead B08 <input type="checkbox"/> Legs/Knees/Ankles	
<b>Cause of Injury or Damage:</b> C01 <input type="checkbox"/> Assault-No Weapon C10 <input type="checkbox"/> Horseplay C02 <input type="checkbox"/> Assault with Weapon C11 <input type="checkbox"/> Maintenance Activity C03 <input type="checkbox"/> Choking/Suffocation C12 <input type="checkbox"/> Motor Vehicle Accident C04 <input type="checkbox"/> Drowning C13 <input type="checkbox"/> Poison/Allergic Reaction C05 <input type="checkbox"/> Exposure to Flame/ Electricity/Hot or Caustic Substance C14 <input type="checkbox"/> School Bus Accident C06 <input type="checkbox"/> Fall at Same Height C15 <input type="checkbox"/> Sports Injury C07 <input type="checkbox"/> Fall from Different Height C16 <input type="checkbox"/> Struck Against Person C08 <input type="checkbox"/> Fatigue/Over Exertion C17 <input type="checkbox"/> Struck/Crushed By/ Against Object C09 <input type="checkbox"/> Foreign Body C18 <input type="checkbox"/> Other – (please explain)		<b>Activity at Time of Incident:</b> A01 <input type="checkbox"/> Academic Classroom A08 <input type="checkbox"/> Travel to or from Facility A02 <input type="checkbox"/> Between Classes A03 <input type="checkbox"/> Extra-Curricular (i.e. Club) A09 <input type="checkbox"/> Unorganized Sports A04 <input type="checkbox"/> Out-Of-Class Field Trip A10 <input type="checkbox"/> Work Placement A05 <input type="checkbox"/> Recess/Pre-Or Post Class/Noon Hour A11 <input type="checkbox"/> Maintenance Activity A06 <input type="checkbox"/> Sports Event A12 <input type="checkbox"/> Other – (please explain) A07 <input type="checkbox"/> Sported Related Class	

SECTION B

Property Involved (describe property involved and extent of loss and/or damage): \_\_\_\_\_

Fire Department Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No Report Number: _____ Were Police Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch/Detachment: _____ Case Number: _____ Date (M/D/Y): _____ Time: _____ : _____ a.m. / p.m. Were There Visible Signs of Forced Entry? <input type="checkbox"/> Yes <input type="checkbox"/> No What? (explain) _____	<b>Cause of Loss/Damage:</b> C01 <input type="checkbox"/> Burglary/Forcible Entry C10 <input type="checkbox"/> Robbery C02 <input type="checkbox"/> Collapse C11 <input type="checkbox"/> Smoke C03 <input type="checkbox"/> Dishonesty/Infidelity C12 <input type="checkbox"/> Theft C04 <input type="checkbox"/> Explosion C13 <input type="checkbox"/> Transportation C05 <input type="checkbox"/> Falling Object C14 <input type="checkbox"/> Vandalism/ Malicious Acts C06 <input type="checkbox"/> Fire/Lightning C15 <input type="checkbox"/> Water Escape/ Rupture/Freezing C07 <input type="checkbox"/> Glass Breakage C16 <input type="checkbox"/> Windstorm/Hail C08 <input type="checkbox"/> Impact By Vehicle/Aircraft C09 <input type="checkbox"/> Riot C17 <input type="checkbox"/> Other – (please explain)
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Name of Person Completing Report: \_\_\_\_\_ (Please Print or Type) \_\_\_\_\_ (Signature)  
 Name of Administrator: \_\_\_\_\_ (Please Print or Type) \_\_\_\_\_ (Signature)  
 Date: \_\_\_\_\_

Please ensure that Serious Injury or Property Damage is Reported by telephone or fax to Marsh Canada, the Insurer, or the Local Approved Adjuster, at the Numbers Above.

Please e-mail or fax to Marsh Canada Limited. Retain a copy at the school and file a copy at the Board Office. Marsh Form Date: April 2003  
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