

EDEN CENTRAL SCHOOL

LIABILITY INCIDENT REPORT

Date of Incident _____ Time of Incident _____ ()AM ()PM Weather conditions _____

Location of Incident: *(location name & address)*

Description of Incident *(how and in what area did the incident occur):*

Police/Fire Dept: ()YES ()NO **Name of Police/Fire Dept:** _____

Injured Person:

Name: _____ Age: _____ ()Female ()Male

Address: _____ Type of Shoes Worn _____

_____ Carrying objects (be specific) _____

Phone: _____

Type of Injury: _____ Extent of Injury: _____

Medical attention provided: ()YES ()NO Where Taken (hospital/doctor) _____

Reported when happened? ()YES ()NO

If not, how was it reported and when? _____

Witnesses:

Name & Address _____ Phone _____

Name & Address _____ Phone _____

Was Location Inspected? ()YES ()NO Exact time _____ ()AM ()PM

Who inspected _____ Pictures Taken? ()Yes ()NO

Conditions found _____

Today's Date: _____ Prepared By _____

Phone _____ Title _____

Insured Name: _____

Contact Person & Phone Number: _____

*****PLEASE SEND ORIGINAL TO BUSINESS OFFICE*****