

**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 #: _____

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. # _____

INSRUANCE 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 School 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 #:
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E. Continued:

<u>Date of previous injury/condition</u>	<u>Treatment Provider(s)</u>
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