



# Boyne City Public Schools

## Excellence in Academics, Arts & Athletics

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### GENERAL LIABILITY INCIDENT/ACCIDENT REPORT INSTRUCTIONS

#### GENERAL INFORMATION

DATE OF INCIDENT/ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ ☐ A.M. ☐ P.M.

NAME OF INJURED \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Is injured: ☐ STUDENT ☐ VISITOR ☐ VOLUNTEER

DATE OF BIRTH \_\_\_\_\_ PARENT NAME \_\_\_\_\_

ADDRESS OF INJURED/PARENT \_\_\_\_\_

HOME PHONE OF INJURED/PARENT \_\_\_\_\_ OFFICE PHONE OF INJURED/PARENT \_\_\_\_\_

Injured parties insurance information: ☐ MEDICAID ☐ MEDICARE ☐ Other: \_\_\_\_\_

Location of accident: ☐ SCHOOL BLDG. ☐ SCHOOL GROUNDS ☐ SCHOOL BUS ☐ TO/FROM SCHOOL ☐ OTHER Describe: \_\_\_\_\_

Place of accident: ☐ CLASSROOM ☐ GYM ☐ SHOP ☐ HALLWAY/STAIRWAY ☐ PLAYGROUND

☐ PARKING LOT ☐ SPORTING EVENT/PRACTICE ☐ OTHER Describe: \_\_\_\_\_

Describe incident/accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WITNESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

Was medical treatment sought? ☐ YES ☐ NO Where? \_\_\_\_\_

If hospital, was ambulance called? ☐ YES ☐ NO Ambulance company: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_

REPORT PREPARED BY \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_