



SAN MATEO COUNTY SCHOOLS
INSURANCE GROUP

San Mateo County Schools Insurance Group
1791 Broadway, Redwood City, CA 94063

(650) 365-9180 Fax (650) 365-9263

INCIDENT REPORT FOR NON STUDENTS

This Form is not to be used to report employee injuries.

CONFIDENTIAL REPORT

This report is confidential and is intended to be sent to SMCSIG's claims administrator and district's legal counsel for use in recovering losses and defending litigation.

School: _____ District: _____

Address: _____ Telephone: _____

Injured's Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Location of incident: _____

Date of incident: _____ Time of incident: _____

Description of Incident: _____

Why was injured at location? _____

Did incident result in bodily injury or property damage? _____

Please describe

Witnesses: (Please indicate if witness is an employee)

1. Name: _____ Address: _____

Telephone: _____ Please Print

2. Name: _____ Address: _____

Telephone: _____ Please Print

Reported completed by: _____ Telephone #: _____ Date: _____

Form should be completed by staff, not injured person.

Please Fax Immediately to District office to Report Serious Injuries

