

TIFFIN CITY SCHOOLS INJURY AND INCIDENT CLAIM NOTICE

(Student and Non-Employee)

A. INFORMATION ABOUT INSURED

Date of Accident		Time of Accident	
Insured School District		Person to Contact at School/Phone No.	
Street		Where to Contact/Best Time to Contact	
City	Zip	County	

B. INFORMATION ABOUT THE ACCIDENT OR CLAIM

Location of Accident	Police or Fire Dept. Responding
Description of Accident or Nature of Claim	

C. INFORMATION ABOUT INJURED PERSON OR PROPERTY

Name of Person			Address	Phone
Age	Sex	Occupation	Employer's Name/Address	Phone
Description of Injury			Doctors or Hospital Where Treated	
Describe Damaged Property	Estimated Amount of Damage	Address of Damaged Property		

D. INFORMATION ABOUT WITNESSES

Name/Address 1)		Phone No.
2)		
3)		
Reported by:	Date Reported:	Signature of Reporting Person

(OVER)

**TIFFIN CITY SCHOOLS INJURY AND INCIDENT CLAIM NOTICE REPORTING
INSTRUCTIONS**

IF BODILY INJURY OR PROPERTY DAMAGE HAS OCCURRED, DO THE FOLLOWING:

- 1 Report all injuries or accidents immediately.
- 2 Note exact time and place of accident.
- 3 Complete entire Claim Notice form on front.
- 4 Attach copies of all letters, statements, incident reports and any other related materials or documents to this Claim Notice.

IF THERE IS NO BODILY INJURY OR PROPERTY DAMAGE INVOLVED, DO THE FOLLOWING:

- 1 Report alleged incident immediately.
- 2 Complete Sections A, B, and D (if applicable), of Claim Notice form on front.
- 3 Attach copies of all letters, statements, incident reports, contracts, meeting minutes, and any other related materials or documents to this Claim Notice.

Return Form to: Tiffin City Schools Superintendent
244 South Monroe Street
Tiffin, OH 44883
Phone: 419-447-2515