

CONFIDENTIAL

NORTHERN CALIFORNIA SCHOOLS INSURANCE GROUP (NCSIG)

Accident Reporting Form
(Please print or type)

Date: _____

Name of School District: _____

Location of Accident: _____

Name of injured person: _____

Age or birthdate of injured person: _____

Parent or other contact person: _____

Address: _____

Telephone (with area code) _____

Date of injury: _____ Time of day: _____

Description of injury: _____

Cause of injury: (Please do not express judgment of school's fault, as this document may be used in litigation).

Medical attention given: _____

Witnesses: Name Address Telephone

If a non-student, state why injured person on premises: _____

Name and title of person completing this report: _____

Telephone: _____

This form should be completed on all injuries to students or non-students (other than District employees) and mailed to your NCSIG Servicing Agent. In case of serious injury, please call your agent immediately and then mail the report. Your Servicing Agent is:

Knak & Company
PO Box 990520
Redding, CA 96099
(866) 473-2054
(530) 247-1049
FAX (530) 247-7108

CONFIDENTIAL – (FOR POSSIBLE LITIGATION PURPOSES)