

MADISON CITY SCHOOLS PROPERTY DAMAGE REPORT

SCHOOL DISTRICT _____ SCHOOL _____

Date: _____ **Time of Incident:** _____ **AM** **PM**

| | | | |
|--|---|--|--|
| INJURED PERSON | 1. Name _____ Age _____ Phone # _____ | | |
| | 2. Address _____ | | |
| PREMISES CONDITION | 3. Check the type of premises and conditions | | |
| | Type of Premises: <input type="checkbox"/> Classroom <input type="checkbox"/> Gym <input type="checkbox"/> Hallway <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Office | Conditions: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other: | Notified Police Dept.: Report No.: <input type="checkbox"/> Not Reported: |
| INCIDENT DESCRIPTION | 4. Briefly Describe What Happened _____ | | |
| | 4a. Please Attach All Photographs From All Angles of the Property Damage, If Possible. | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Seek Treatment Later | | |
| | 6b. Name of Medical Facility/Doctor _____ <input type="checkbox"/> Transported by Ambulance <input type="checkbox"/> Transported by Other: | | |
| PROPERTY DAMAGE | 7. Owner's Name _____ Address _____ Phone # _____ | | |
| | 7a. Describe the property and the damage: | | 7b. Estimated Repair/Replacement cost: |
| | | | 7c. Driver's Lic. # |
| INSURANCE 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. |

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 Financial Officer: _____ Date: _____

Signature of Superintendent: _____ Date: _____

ALL SIGNATURES ARE REQUIRED TO COMPLETE AND PROCESS FORM.