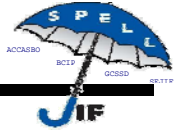


School Pool for Excess Liability Limits Joint Insurance Fund



ACCASBO JIF

BCIP JIF

GCSSD JIF

MEMBER DISTRICT: _____

INCIDENT REPORTING FORM

This form is to be filled out for all accidents where an employee, student or member of the public is involved, and a copy is to be retained by the District. This report is intended to provide a record of the facts surrounding the incident. This report is not an admission or denial of responsibility, it is simply a record of the event.

If a student accident, also report to Student Accident Insurer (see section on Student Accident Claims Reporting). Student Accident carrier was notified on _____.

SECTION I. STUDENT OR MEMBER OF THE PUBLIC

Name of Injured Party: _____ Student: _____ Citizen: _____ (Check Box)

Date, Hour (a.m. or p.m.) And Location of Incident (*i.e., cafeteria of Mary's High School at 125 John's Way, Anytown, NJ*): _____

Description of Incident (*who, what where, why and how?*): _____

List Witnesses: _____

What Injuries Were Reported To Have Occurred As A Result Of The Incident, If Any?: _____

What Steps Were Taken When The Incident Occurred? (*Include First Aid*): _____

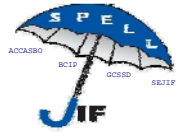
Was A Parent, Family Member, Friend Or Anyone Else Notified? _____

Was Principal or Supervisor Notified?: _____

Person Completing Form: _____

Date: ____/____/____ Phone:(____) ____-____ School: _____

(Attach Additional Pages if Necessary)



SECTION II. EMPLOYEE AND/OR DAMAGE TO DISTRICT OWNED PROPERTY

This section should be completed by the employee involved in the incident and/or the employee's immediate supervisor immediately following a work related accident that has either injured or potentially injured an employee, damaged district property or both.

This report will be completed and filed as documentation of the incident in order to preserve the facts surrounding the incident and to preserve all parties' rights.

Employee's Name: _____ Date of Birth: _____ SS#: _____ / _____ / _____

Address: _____

Telephone Number: _____

Position: _____ School: _____

Description of Incident Including Minor Injury and/or Damage to District Property: _____

(Attach Additional Pages if Necessary)

Employee Signature: _____ Date: _____ / _____ / _____

Supervisor Signature: _____ Date: _____ / _____ / _____

***File copy and forward original to _____ School's Claim Coordinator.

MEDICAL TREATMENT BY A BOARD OF EDUCATION APPROVED PANEL PHYSICIAN WAS OFFERED AND DECLINED BY THE EMPLOYEE, AT THIS TIME. (Check If Appropriate)