

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT  
REPORT OF CITIZEN ACCIDENT

**Type or Print. Fill out completely; give full details. Form will be sent to Insurance Agency.**

Full Name of Injured Person \_\_\_\_\_ Birth date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM

Building where accident happened \_\_\_\_\_

Area of Building \_\_\_\_\_

Describe how accident happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses to Accident –Names 1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Where treated? Name of Clinic/Dr. \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Person Filing Report \_\_\_\_\_

Building \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Routing Directions:*  
1 copy to Business Office  
1 copy for Principal

Building Concern \_\_\_\_\_  
Operations \_\_\_\_\_