	ne of School Division: ne and Address of School:		
		a.m. 🗌 / 👘 Talankana (()	
	e of Incident M/D/Y: Tim	e : a.m. 🖬 / Telephone # () -	
Des	scription of How Incident Occurred:		
Wit	nesses:	Location of Incident: L12 Delaying Fields	
(1)	Name:	L01 Basement L13 Playground Equipr	
	Teacher/Instructor/Other:	L02 Cafeteria/Lunchroom L14 Pool L03 Classroom L15 Rink	
	Witness Activity at Time:	L04 Shops/Lab/Kitchen L16 Sidewalks/Roads (
$\langle \mathbf{O} \rangle$	N 1	L05 Doors/Entrance Areas Facility Property L06 Dormitories L17 Stairs with Building	
(2)	Name: Teacher/Instructor/Other:	L07 Gymnasium/Auditorium L18 Stairs/Sidewalks w	
	Witness Activity at Time:	L08 Hallways/Lockers Grounds L09 Library/Office/Lounge/ L19 Washrooms/Chang	
	-	Study Room Rooms/Showers	
		L10 Park/Grounds L20 Other – (please ex L11 Parking Lot	
	Name of Person Involved:	Age: M/F:	
	Address:	Postal Code: Grade/Year/Night School:	
	Student/Visitor/Other: (explain)	(Schools Only) Division/Program:	
	Parent/Guardian/Emergency Contact:	Division/Program: Notified?	
	Telephone #: () -		
	Parent/Guardian/Emergency Contact Instructions:		
	Emergency Treatment: Yes No What		
	Advised to Seek Medical Treatment: Yes No Where? Hospitalized Overnight? Yes How Transported?		
	Nature of Injury/Damage:	Body Area:	
-	N01 Bruise/Abrasion/Swelling N12 Open Wound N02 Burn Laceration	B01 Arms/Shoulder/Elbow B09 Multiple Areas B02 Chest/Abdomen/Pelvis B10 Neck	
S	N03 Concussion (suspected) N13 Sprain/Strain	B03 Eyes B11 No Information	
E C	N04 Crushed (suspected) N05 Dental Damage N14 Winded	B04FaceB12Spine/BackB05Feet/ToesB13Teeth/Mouth	
Ť	N06 Dislocation N15 Property DME	/ B06 E Fingers/Hands/Wrists B14 Other – (please ex	
I	N07 Fatality/Death Other Party N08 Fracture N16 Bites/Stings	B07 Head/Forehead B08 Legs/Knees/Ankles	
0	N09 Imbedded Object N17 Other - (please		
Ν	N10 No Information N11 Nosebleed		
Α	Cause of Injury or Damage:	Activity at Time of Incident:	
	C01 Assault-No Weapon C10 Horseplay C02 Assault with Weapon C11 Maintenance	A01 Academic Classroom A08 Travel to or from A02 Between Classes Facility	
	C03 Choking/Suffocation C12 Motor Vehicle	Accident A03 Extra-Curricular A09 Unorganized Spor	
	C04 Drowning C13 Poison/Allergi C05 Exposure to Flame/ Reaction	c (i.e. Club) A10 Work Placement A04 Out-Of-Class A11 Maintenance Activ	
	Electricity/Hot or C14 C14 School Bus A	cident Field Trip A12 Other – (please ex	
	Caustic Substance C15 Sports Injury C06 Fall at Same Height C16 Struck Agains	A05 Class/Pre-Or Post Person Class/Noon Hour	
	C07 C07 Struck/Crushe	d By/ A06 Sports Event	
	Height Against Obje C08 Fatigue/Over Exertion C18 Other – (pleas		
	C09 C09 Foreign Body		
	Property Involved (describe property involved and	extent of loss and/or damage):	
S			
Е	Fire Department Attended? Yes No	Cause of Loss/Damage:	
С	Report Number:	C01 Curglary/Forcible Entry C10 Cobbery	
Т	Were Police Notified? Yes No	C02 Collapse C11 Smoke C03 Dishonesty/Infidelity C12 Theft	
	Branch/Detachment:	C04 Explosion C13 Transportation	
0	Case Number:	C05 G Falling Object C14 Vandalism/ C06 Fire/Lightning Malicious Acts	
Ν	Date (M/D/Y):	C07 Glass Breakage C15 Water Escape/	
P	Time: : a.m. /	p.m. C08 [] Impact By Rupture/Freezing	
В	Were There Visible Signs of Forced Entry?	C09 C09 Riot C17 Other – (please ex	
Nar	ne of Person Completing Report:		
	(Please Print or Type) (Signature)	
Nor	ne of Administrator:	, (<u>g</u> ,	

Please Ensure that Serious Injury or Property Damage is Reported by telephone or fax to Marsh Canada, the Insurer, or the Local Approved Adjuster, at the Numbers Above. Please e-mail or fax to Marsh Canada Limited. Retain a copy at the school and file a copy at the Board Office. Marsh