

O.S.B.I.E.
ONTARIO SCHOOL BOARDS' INSURANCE EXCHANGE
FONDS D'ÉCHANGE D'ASSURANCE DES CONSEILS SCOLAIRES DE L'ONTARIO
INCIDENT REPORT FORM/RAPPORT D'INCIDENT

Information is collected on this form for the purpose of complying with the terms and conditions of an insurance contract

I – INJURED PERSON(S)										
If a person has been admitted to hospital, or if fatally injured, immediately telephone OSBIE claims department 1-800-668-6724 (519) 767-2182 FAX (519) 767-0281										
NAME:					DATE OF BIRTH:					
					(DD/MM/YY)					
ADDRESS:										
SEX: M F		AGE:		GRADE LEVEL:		STUDENT: Y N		OTHER: (specify)		
NAME OF PARENT/GUARDIAN										
IDENTIFY THE INJURY OR PROPERTY DAMAGE:										
II – DETAILS OF INCIDENT										
DATE: dd		mm		yy		TIME: am pm		1. <input type="checkbox"/> Bodily Injury		2. <input type="checkbox"/> Property Damage
III – NATURE OF INCIDENT										
1. <input type="checkbox"/> Sport Injury Name of Sport _____			2. <input type="checkbox"/> Assault/Agression 3. <input type="checkbox"/> Slip or Fall 4. <input type="checkbox"/> Rough Play			5. <input type="checkbox"/> Other (description) _____ _____ _____				
1. Classroom			6. Gymnasium			11. Field Trip				
2. Portable			7. School Yard			12. Washroom				
3. Cafeteria			8. Slide			13. Shop				
4. Hallway			9. Swings			14. Swimming Pool				
5. Stairs			10. Climber			15. Other				
DID INCIDENT OCCUR ON SCHOOL BOARD PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO (specify)										
HOW/WHERE INCIDENT OCCURRED _____										
IV – WITNESS										
Name			Age		Address			Telephone		
1.										
2.										
3.										
4.										
INDICATE ADULT (A) OR MINOR (M)										
V – SCHOOL DETAILS										
School Board		District School Board of Niagara								
School										
Address of School										
Teacher in charge										
Principal										
Date:		Signature:				Telephone:				