



INCIDENT REPORT

Non-SPPS Property Damage
Non-Employee Bodily Injury

*SPPS Personnel: Use this form to report injuries or property damage sustained by visitors, students, or general public alleged to have been caused by Saint Paul Public Schools (SPPS) or occurring on SPPS' property or during an SPPS activity or event (do not use for motor vehicle accidents or employee injuries). Complete all sections and submit to SPPS Business and Financial Affairs Office: - via facsimile to # 651.293.5207 - via interoffice mail to BFA, 2nd Floor, Colborne Admin Bldg - via US mail to SPPS Business and Financial Affairs Office, 2nd Floor, 360 Colborne Street, St Paul, MN 55102

Details of Incident

Date of Incident: Time: AM PM Weather Conditions:
Location of Incident (Site Name/Facility Name/Building Name):
Street Address: City: State: Zip:
Did police investigate the incident and make a report? No Yes If Yes, which police department?
Description of what happened and any action taken (attach additional sheets, if needed):

Injured Person(s) If more than one person injured, use separate Incident Report form for each person.

Name: Telephone: Email:
Home Address: City: State: Zip:
Visitor Student Other If Other, state relationship to or business with SPPS:
If Minor, name of Parent/Guardian: Telephone:
Age: Gender: What was injured doing?:
Description of Injury (include body part(s)):
Was first-aid rendered?: No Yes If Yes, specify type rendered and by whom:
Was injured transported to clinic/hospital?: No Yes If Yes, by whom transported?:
If Yes, list clinic/hospital name:

Property Damage If available, attach appraisals, estimates, or receipts.

Property Damaged:
Extent of Damage:
Owner Name: Telephone: Email:
Owner Address: City: State: Zip:

Witness(es)

Name: Telephone: Email:
Home Address: City: State: Zip:
Name: Telephone: Email:
Home Address: City: State: Zip:

*SPPS Personnel Completing Report

Name: Telephone: Date of Report: