Incident Report Form

Covington School PTO, Inc., 9130 S. 52nd Ave., Oak Lawn, IL 60453

NAME OF EVENT
PLACE OF INCIDENT
TYPE OF EVENT
DATE AND TIME OF INCIDENT
NARRATIVE DESCRIPTION OF HOW INCIDENT OCCURRED
IF PERSONAL INJURY WAS SUSTAINED, WAS TREATMENT RENDERED AT SCENE
WERE AUTHORITIES INVOLVED i.e.: POLICE, EMT, AMBULANCE?
IS THERE ANY HOSPITAL REPORT? (ATTACH REPORT IF AVAILABLE)
WAS THE INJURY DUE TO ANY ACT OR NEGLIGENCE OF PTO?
PLEASE EXPLAIN
WHAT WAS THE DINIDED DADTWIS DISTURD DISTURD DISTURD A CONTINUON (IE ANNO)
WHAT WAS THE INJURED PARTY'S DUTIES IN THE ACTIVITY (IF ANY)?

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WHAT WERE THE INTIAL STEE	PS TAKEN TO MITIGATE THE LOSS OR INJURY?
DESCRIBE THE TYPE OF DAM. DURING THIS INCIDENT.	AGE TO PERSONAL PROPERTY or SCHOOL PROPERTY
	OUNT OF THE LOSS TO <i>PERSONAL PROPERTY</i> or THIS INCIDENT?
PTO CONTACT PERSON (PER	RSON IN CHARGE)
NAME	
ADDRESS	
CITY, STATE, ZIP	
HOME PHONE #	WORK #
IF INCIDENT INVOLVED A CO	ONCESSIONAIRE OR VENDOR
COMPANY NAME	
ADDRESS	

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Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive or deceptive statement is guilty of insurance fraud.

THIS IS A CONFIDENTIAL DOCUMENT USED FOR INSURANCE INVESTIGATIVE PURPOSES.

Send one copy of this form to the Covington School office, one copy to the insurance carrier and one copy to Covington PTO Treasurer. Keep one copy in your file with copies of any other documents.

Insurance Carrier: Philadelphia Insurance Company

Policy # **PHPK885827**

Policy Effective Date: 11/20/2012 Policy Expiration Date: 11/20/2014