

INCIDENT REPORT FORM

Prepare four (4) copies

NAME OF PTA _____ **DISTRICT PTA** _____
Address _____ **COUNCIL** _____
City _____ State _____ Zip _____ **DATE** _____

NAME OF INJURED (if any) _____ Age _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ **DATE OF INCIDENT** _____

Type and Extent of Incident. _____

Narrative description of how incident occurred. _____

Was injury due to any act or negligence of PTA? Explain. _____

Was activity under supervision and/or sponsorship of PTA? Describe. _____

What were injured party's duties (if any) in activity? _____

WITNESS NAME _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

PERSON IN CHARGE _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

IF INCIDENT INVOLVED A VENDOR/CONCESSIONAIRE/SERVICE PROVIDER:

Name _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

PERSON PREPARING REPORT:

Name _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

PLEASE USE ADDITIONAL PAGES FOR MORE COMPLETE DESCRIPTIONS

Please complete this original report, make four (4) copies and distribute as follows:
Original and 1 copy to BB&T - Insurance Services of CA, Inc., 535 N. Brand Blvd., 10th Floor, Glendale, CA 91203
Copy to California State PTA, 2327 L Street, Sacramento, CA 95816-5014
Copy to district PTA president
Retain 1 copy for your files