| | | | sonnel or Damage to Thei on School Property | Fiscal Services Division |
|---|--------------------|---|--|--------------------------|
| Clear Form | | Frederick County Public 191 South East Str Frederick, Maryland | reet Form #009-F02 | |
| Claim No Date of | of report | | | |
| Date of injury/damage | Time of ir | njury/damage | | |
| School / Facility | | | Phone number | |
| Describe the incident causing inju | ry/damage. Be spec | ific/use additional she | eets if necessary. | |
| For injury to non-school persor | nel provide the fo | llowing information | | |
| | | J | Phone number | |
| Address | | Type of injury | | |
| | | | | |
| | | | lame of hospital | |
| | | | id person refuse medical treatment? | |
| DESCRIPTION OF PERS | | OF NON-SCHOOL P Jse additional sheets if ne | | DL PROPERTY |
| Item Description | Model | Serial # | Damage | Replacement Cost |
| | | | | |
| | | | | |
| | | | Total Costs | ; |
| Witnesses to injury/damage: | | | | |
| Name | Address | Address Phone Number | | |
| Name | Address | | Phone Number | |
| If applicable, provide the follow | ing information: | | | |
| Name of police agency incident re | ported to | | Date | |
| Investigating officer's name/conta | ct number | | | |
| Report prepared by: | | | | |
| (Signature) | | | (Title) | |
| Distribution: (It is the responsibility of the or 1. Executive Director of Fiscal Service 2. Director of Maintenance and Oper 3. Instructional Director | ations | riate copies and distribute acc 4. Property Accountability Sec 5. Coordinator of School Secu 6. Originator | pretary | |