



# Notice of Injury to Non-School Personal or Damage to Their Personal Property Occurring on School Property

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

FCPS Form 200-12F  
[Regulation 200-12](#)  
March 2023

Clear Form

Date of injury/damage \_\_\_\_\_ Time of injury/damage \_\_\_\_\_ AM/PM Date of report \_\_\_\_\_

School facility \_\_\_\_\_ Phone number \_\_\_\_\_

Describe the incident causing injury/damage. Be specific/use additional sheets if necessary.

**For injury to non-school personnel, provide the following information:**

Name of injured person \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Type of injury \_\_\_\_\_

Medical treatment rendered & by whom \_\_\_\_\_

If taken to hospital, how transported \_\_\_\_\_ Name of hospital \_\_\_\_\_

Injured person's doctor \_\_\_\_\_

Did person refuse medical treatment?      Yes      No

DESCRIPTION OF PERSONAL PROPERTY OF NON-SCHOOL PERSONNEL DAMAGED ON SCHOOL PROPERTY				
Use additional sheets if necessary				
Item Description	Model	Serial #	Damage	Replacement Cost
Total Costs				

**Witnesses to injury/damage:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**If applicable, provide the following information:**

Name of police agency incident reported to \_\_\_\_\_ Date \_\_\_\_\_

Investigating officer's name/contact number \_\_\_\_\_

**Report prepared by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**Distribution:** (It is the responsibility of the originator to make the appropriate copies and distribute accordingly.)

- |   |                                      |
|---|--------------------------------------|
| 1. Chief Financial Officer                | 4. Property Accountability Secretary |
| 2. Director of Maintenance and Operations | 5. Director of School Security       |
| 3. Instructional Director                 | 6. Originator                        |