



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

Fiscal Services Division

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

Reg. 200-12  
Form #009-F02  
202

Clear Form

Claim No. \_\_\_\_\_ Date of report \_\_\_\_\_

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

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:

1. [Loss.Damage@fcps.org](mailto:Loss.Damage@fcps.org) (Recipients are: Executive Assistant I of Fiscal Services and Risk & Safety Manager)
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