



Reporting of Injury to Non-School Personnel or Damage to Personal Property

Fiscal Services Division

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

Reg. 203-02
Form #009-F02
September 2025

Clear Form

Claim No. _____

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:

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