



# CITIZEN INJURY CLAIM REPORT

**DIRECTIONS:** This form must be completed by the citizen. Send the completed form to: Risk Management, Office of Comptroller, Gatehouse Administration Center, 8115 Gatehouse Rd, Falls Church, VA 22042. riskmanagement@fcps.edu (Telephone Number 571-423-3620) (Fax Number 571-423-3627)

## GENERAL INFORMATION

Name Last	First	MI	Social Security Number
Address Number and Street		City	State Zip Code
Telephone Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

## INJURY INFORMATION

Nature of Injury			
When Injury Occurred	Date	Day of the Week	Exact Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

## ACCIDENT INFORMATION

Location of Accident	Specific Area of School or Office
Name of School or Office	
Reason for Being at School	
Activity Sponsor (School, PTA, Boosters, Recreation Dept., etc.)	
Equipment, Material, Animal, or Other Person Involved in Accident	
Description of Occurrence	

Witnesses Name	Address	Telephone

## IMMEDIATE ACTION TAKEN

First Aid Treatment by (Name) <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated by Physician (Name) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treated by Hospital (Name of Hospital) <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported by <input type="checkbox"/> Private Car <input type="checkbox"/> Rescue Squad

## PREPARATION INFORMATION

Signature	Date
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