

LEBANON SPECIAL SCHOOL DISTRICT

**PROPERTY/LIABILITY REPORT FORM**

Claimant's Name \_\_\_\_\_

Date & Time of Accident \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Check One:**     Auto     General Liability     Property

**Student Accident:**  Yes     No

Location of Incident \_\_\_\_\_

Brief Description of Incident \_\_\_\_\_

If **Auto**, Insured Driver and Number \_\_\_\_\_

Witnesses and/or Injuries \_\_\_\_\_

**Insured** Property Damaged (make and model or describe property) and where located \_\_\_\_\_

**Claimant** Property Damaged (make and model or describe property) and where located \_\_\_\_\_

Additional Comments \_\_\_\_\_

Person Completing this Form \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: REPORT SHOULD BE SENT TO THE DIRECTOR'S OFFICE IMMEDIATELY.**

Date Received at Central Office \_\_\_\_\_

Director/Designee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 08/07

◆ Byars Dowdy Elementary ◆ Castle Heights Upper Elementary ◆ Coles Ferry Elementary ◆  
◆ Sam Houston Elementary ◆ Walter J. Baird Middle ◆