

**MANITOBA SCHOOLS INSURANCE  
NON STUDENT ACCIDENT INCIDENT REPORT**

SCHOOL BOARD: FRONTIER SCHOOL DIVISION

SCHOOL: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

NAME OF INJURED PERSON: \_\_\_\_\_ DATE (D/M/Y) OF BIRTH : \_\_\_\_\_

ADDRESS; \_\_\_\_\_

TELEPHONE # : \_\_\_\_\_ DATE (D/M/Y) OF ACCIDENT: \_\_\_\_\_

TIME OF ACCIDENT: \_\_\_\_\_  AM  PM

WHERE DID ACCIDENT OCCUR: \_\_\_\_\_

INJURY CLASSIFICATION:  "MINOR" - SUCH AS SCRATCH, BRUISE, SCRAPE, MINOR CUT, MINOR SPRAIN  
 "MODERATE" - SUCH AS SERIOUS CUT, MORE SEVERE SPRAIN, BROKEN FINGER  
 "SEVERE" - SUCH AS INJURY TO EYE, HEAD, FACE, BACK, BROKEN ARM/LEG

EXACT NATURE AND TYPE OF INJURY: \_\_\_\_\_

WAS INJURY TREATED: YES  NO  NOT KNOWN  IF YES, BY WHOM?: \_\_\_\_\_

IF YES, TYPE OF TREATMENT: \_\_\_\_\_

NAME OF WITNESS(ES) : \_\_\_\_\_

ANY ADDITIONAL COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

SIGNATURE OF PRINCIPAL: \_\_\_\_\_

NAME OF PRINCIPAL (IN FULL): \_\_\_\_\_

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE USED SOLELY FOR THE PURPOSE OF CLAIM INVESTIGATION**

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ANY ADDITIONAL COMMENTS: \_\_\_\_\_  
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