



**New Jersey Schools Development Authority – OCIP
General Liability
SUPERVISOR'S INCIDENT INVESTIGATION REPORT**

Project/School Name: _____ NJSDA Contract #: _____
Incident Date: _____ Time: _____ Place: _____

CLAIMANT INFORMATION: (Complete one report for each individual involved)	
Name: _____	DOB: _____
Address: _____	
Home Telephone: _____	Work Telephone: _____
If auto accident, request insurance information: _____	
Carrier: _____	Policy Number: _____

INCIDENT INFORMATION:
Describe in detail how incident occurred: _____ _____ _____
Name of project employees/employer at incident: _____
Witness: (Provide name, address, & phone number) _____ _____ _____

INJURY INFORMATION:
Does claimant allege injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe injury: _____
Medical treatment requested? <input type="checkbox"/> Yes <input type="checkbox"/> No By ambulance <input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY DAMAGE INFORMATION:
Describe damaged property: (i.e. make, model of vehicle, type of equipment) _____ _____ _____
Give name, address, and phone number of owner of property (if different from above): _____ _____ _____
Were photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____
Police Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Report or file no.: _____
Comments: _____ _____ _____

Prepared By: _____
Company Name: _____
Supervisor's Name (Please Print) _____
Supervisor's Signature: _____
Date: _____