



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: (Provide name, address, & phone number) \_\_\_\_\_

INJURY INFORMATION:
Does claimant allege injuries?  Yes  No
Describe injury: \_\_\_\_\_
Medical treatment requested?  Yes  No By ambulance  Yes  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?  Yes  No By whom: \_\_\_\_\_
Police Notified?  Yes  No Report or file no.: \_\_\_\_\_
Comments: \_\_\_\_\_

Prepared By: \_\_\_\_\_
Company Name: \_\_\_\_\_
Supervisor’s Name (Please Print) \_\_\_\_\_
Supervisor’s Signature: \_\_\_\_\_
Date: \_\_\_\_\_