



NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY
Cannon Cochran Management Services, Inc.
 Claims Administrator
 P.O. Box 30870
 Albuquerque, New Mexico 87190-0870
 800-635-0679 505-837-8700
 505-888-6901 Fax



CONFIDENTIAL, THIS REPORT IS NOT TO BE RELEASED TO PARENT AND/OR STUDENTS

The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours.

IN CASE OF SERIOUS INJURIES, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY

1. School District _____

2. School _____ Address _____

3. Student's Name _____ DOB _____ Grade _____

4. Student's Address _____
 Telephone Number _____

5. Where did accident occur? _____ Date _____ Time _____ A

6. Describe how accident occurred _____

7. Who was the person in charge at the time of the accident? _____
 Was he present at the time? Yes No Did the injured violate any schools rule? Yes No

8. Witnesses: _____ Witnesses: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____

9. Apparent Nature of Injury: _____ 10. Injured Part of Body: Indicate R/L

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Strain/Sprain	__ Head	__ Finger	__ Arm	__ Abdomen
<input type="checkbox"/> Contusion	<input type="checkbox"/> Cut	<input type="checkbox"/> Dislocation	__ Neck	__ Eye	__ Leg	__ Hand
<input type="checkbox"/> Internal	<input type="checkbox"/> Concussion		__ Back	__ Chest	__ Face	__ Foot

11. First aid procedures used _____ By whom _____

12. Disposition of injured after accident- Class Home Doctor Hospital

13. Who was notified? _____ Relationship to injured student? _____

14. If injured student left school, to whom released? _____

15. Name and attitude of anyone contacting school _____

16. Student accident benefits available? Name of company _____

17. Remarks _____

18. Report completed by _____ Approved by _____ Date _____