STATE OF ALABAMA DEPARTMENT OF EDUCATION  
LOCAL SCHOOL SYSTEM  
PROPERTY DAMAGE REPORT  

SCHOOL DISTRICT __________________________________________ SCHOOL ____________________________  

Date: __________________________________________ Time of Incident: __________________________ AM  PM __________________________ Phone #: __________________________  

**INJURED PERSON**  
1. Name __________________________________________ Age: __________________________ Phone #: __________________________  
2. Address __________________________________________  

**PREMISES CONDITION**  
3. Check the type of premises and conditions  
   Type of Premises:  
   - Classroom  
   - Gym  
   - Hallway  
   - Lobby/Entrance  
   - Office  
   - Parking Lot  
   - Stairway  
   - Sidewalk  
   - Street  
   - Other: __________________________  
   Conditions:  
   - Dry  
   - Wet  
   - Other: __________________________  
   Notified Police Dept.: __________________________  
   Report No.: __________________________  
   Not Reported: ☐  

**INCIDENT DESCRIPTION**  
4. Briefly Describe What Happened  
   4a. Please Attach All Photographs From All Angles of the Property Damage, If Possible.  

**WITNESSES**  
5. Name __________________________________________ Address __________________________________________ Phone #: __________________________  

**DESCRIPTION OF INJURY**  
   6a. Was Medical Treatment Given? ☐ Yes ☐ No ☐ Will Seek Treatment Later  
   6b. Name of Medical Facility/Doctor __________________________________________  
   Transported by Ambulance ☐  
   Transported by Other: __________________________  

**PROPERTY DAMAGE**  
7. Owner’s Name __________________________________________ Address __________________________________________ Phone #: __________________________  
   7a. Describe the property and the damage: __________________________  
   7b. Estimated Repair/Replacement cost: __________________________  
   7c. Driver’s Lic. #: __________________________  

**INSURANCE ON THE DAMAGED PROPERTY**  
8. Insurance Questions:  
   a. Do you have insurance on the damaged property? ☐ Yes ☐ No  
   If yes, provide insurance company information and attach copy of statement of applicable coverage for the damaged property.  

I certify that the above information is correct to the best of my knowledge.  
Signature of Claimant: __________________________ Date: __________________________  
Signature of Supervisor reporting accident: __________________________ Date: __________________________  
Signature of Principal: __________________________ Date: __________________________  
Signature of Chief Financial Officer: __________________________ Date: __________________________  
Signature of Superintendent: __________________________ Date: __________________________  

ALL SIGNATURES ARE REQUIRED TO COMPLETE AND PROCESS FORM.  
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