SISC
Self-Insured Schools of California
Schools Helping Schools

LIABILITY EVENT REPORT
"CONFIDENTIAL"

DISTRICT (INCLUDE POINT OF CONTACT, ADDRESS, TEL#) **TODAY'S DATE**

DATE OF EVENT

EMAIL:

OCCURENCE

LOCATION OF INCIDENT AND DESCRIPTION OF WHAT HAPPENED

IDENTITY OF INJURED PERSON(S) (USE ADDITIONAL SHEETS OF PAPER AND ATTACH IF NEEDED)

NAME(S) & ADDRESS, CITY, ST, ZIP HOME PHONE CELL PHONE

DOB/AGE GENDER

EMAIL ADDRESS

Were there any injured parties transported by EMS/Ambulance from the scene? YES NO

DESCRIBE ANY BODILY INJURY OR DAMAGE TO PROPERTY (USE ADDITIONAL SHEETS AS NEEDED)

Does the school site have security cameras in the location of the incident? YES NO

If yes to the above, have the videos or photographs been taken and preserved by the district? YES NO

WITNESS NAMES	**PHONE**	**EMAIL OR PHYSICAL ADDRESS**
1.		
2.		
3.		
4.		
5.		

Reported By (Please print name, title, & phone number)

This document was prepared for and reported to SISC Property & Liability in anticipation of litigation.
If you have any questions or concerns before submitting this liability event report,
please contact Property & Liability Secretary Pamela Cerda at 661-636-4495.

Once the form is complete, please email it along with any supporting documents
to SISC_PL@siscschools.org, or fax to 661-636-4868.