

NEW INCIDENT / FOSTER CARE REPORT FAX COVER SHEET \*

PLEASE FAX TO: 517-351-5528

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PLEASE ATTACH ANY IN HOUSE INCIDENT REPORTS AND/OR OTHER DOCUMENTATION. IT IS IMPORTANT THAT ALL INFORMATION REQUESTED BELOW IS PROVIDED.

AGENCY: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

INJURED PARTY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

GUARDIAN/PARENT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

GUARDIAN/PARENT ADDRESS: \_\_\_\_\_ (NUMBER & STREET) (CITY) (ZIP)

GUARDIAN/PARENT LEGAL RELATIONSHIP TO INJURED PARTY: \_\_\_\_\_

IF WARD OF COURT, WHAT JURISDICTION \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ AM PM

SPECIFIC LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIBE HOW INCIDENT OCCURRED: \_\_\_\_\_

EMS CALLED: Y or N? IF TRANSPORTED, HOW AND WHERE: \_\_\_\_\_

DESCRIBE INJURY, EXTENT, AND SIDE OF BODY: \_\_\_\_\_

DESCRIBE FIRST AID ADMINISTERED: \_\_\_\_\_

WHO WAS NOTIFIED & HOW? \_\_\_\_\_

BY WHOM? \_\_\_\_\_ AT WHAT TIME? \_\_\_\_\_

DESCRIBE PROPERTY DAMAGE, IF ANY: \_\_\_\_\_

CAUSE OF INJURY: \_\_\_\_\_

IDENTITY OF PERSON CAUSING INJURY: \_\_\_\_\_

LIST WITNESSES, ADDRESSES, AND PHONE NUMBERS: \_\_\_\_\_

NAME OF PERSON MAKING REPORT: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

SUPERVISOR/DIRECTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE WRITE LEGABLY AND PRINT NAMES

\* Any service related to care for minors as appointed by State authority.