

**MANITOBA SCHOOLS INSURANCE
NON STUDENT ACCIDENT INCIDENT REPORT**

INSTRUCTIONS FOR USE:

REPORTS SHOULD BE SUBMITTED ELECTRONICALLY TO www.hedinc.com. A USER NAME AND PASSWORD IS REQUIRED, WHICH CAN BE OBTAINED FROM YOUR BOARD OFFICE OR HAYHURST ELIAS DUDEK (LINDA BAKER AT 942-2555 /1-800-265-0314 ext. 220 or lbaker@hedinc.com).

IF YOU ARE UNABLE TO SUBMIT THE FORM ELECTRONICALLY, PLEASE COMPLETE THIS FORM AND SEND TO HAYHURST ELIAS DUDEK INC., ATTENTION MRS. LINDA BAKER, AT 777 PORTAGE AVENUE, WINNIPEG, MANITOBA R3G 0N3.

"SEVERE" INJURY CASES SHOULD ALSO BE REPORTED IMMEDIATELY BY TELEPHONE TO THE APPOINTED MSI PROGRAM LIABILITY ADJUSTER: MR. KEN JAMES, JAMES DUBÉ SPRAGGS ADJUSTERS LTD. AT 985-1204 OR MRS. LINDA BAKER, HAYHURST ELIAS DUDEK INC. AT 942-2555 /1-800-265-0314 ext. 220.

SCHOOL BOARD: _____

SCHOOL: _____ TELEPHONE #: _____

NAME OF INJURED PERSON: _____ DATE (D/M/Y) OF BIRTH : _____

ADDRESS: _____

TELEPHONE #: _____ DATE (D/M/Y) OF ACCIDENT: _____

TIME OF ACCIDENT: _____ AM PM

WHERE DID ACCIDENT OCCUR:

- INJURY CLASSIFICATION: "MINOR" - SUCH AS SCRATCH, BRUISE, SCRAPE, MINOR CUT, MINOR SPRAIN
 "MODERATE" - SUCH AS SERIOUS CUT, MORE SEVERE SPRAIN, BROKEN FINGER
 "SEVERE" - SUCH AS INJURY TO EYE, HEAD, FACE, BACK, BROKEN ARM/LEG

EXACT NATURE AND TYPE OF INJURY: _____

WAS INJURY TREATED: YES NO NOT KNOWN IF YES, BY WHOM?: _____

IF YES, TYPE OF TREATMENT: _____

NAME OF WITNESS(ES): _____

ANY ADDITIONAL COMMENTS: _____

DATE: _____

SUBMITTED BY: _____

SIGNATURE OF PRINCIPAL: _____

(April 2004)

NAME OF PRINCIPAL (IN FULL): _____