

CLARK COUNTY SCHOOL DISTRICT NOTICE OF ACCIDENT  
PERSONAL INJURY/PROPERTY DAMAGE

Claimant/Victim's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident:  
\_\_\_\_\_

Type of Damage/Injury: \_\_\_\_\_

CCSD Employee Involved: \_\_\_\_\_

Report #: \_\_\_\_\_

Additional Information:  
\_\_\_\_\_

What is Claimant Requesting?:  
\_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date Called: \_\_\_\_\_ Time Called: \_\_\_\_\_

Report Taken By: \_\_\_\_\_