



**NEW MEXICO
PUBLIC SCHOOLS INSURANCE AUTHORITY**
Cannon Cochran Management Services, Inc.
 Claims Administrator
 P.O. Box 30870
 Albuquerque, New Mexico 87190-0870
 800-635-0679 505-837-8700
 505-888-6901 Fax



ACCIDENT REPORT – GENERAL/PRODUCTS LIABILITY
 (DO NOT USE FOR AUTO)

NAME					PHONE NUMBER	
DISTRICT:						
ADDRESS				CITY		STATE ZIP
ACCIDENT						
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS	CITY	STATE	ZIP	
OFFICIALS CALLED TO SCENE IF SO, IDENTIFY						
<input type="checkbox"/> POLICE <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> AMBULANCE						
CLAIMANT (PROPERTY DAMAGE)						
NAME		ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY		LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE	
CLAIMANT (BODILY INJURY)						
NAME		AGE	ADDRESS	CITY	STATE	ZIP PHONE
OCCUPATION			DESCRIBE EXTENT OF INJURY			
DESCRIPTION OF LOSS						
WITNESS						
NAME		ADDRESS	CITY	STATE	ZIP	PHONE
NAME		ADDRESS	CITY	STATE	ZIP	PHONE
IMPORTANT: HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF REPORTED, NAME OF FIRM _____						
ADDRESS _____						
DATE ASSIGNED _____						

DATE OF REPORT

SIGNATURE AND TITLE