

# NOTIFICATION OF INJURY

A.W.G. DEWAR, INC.  
4 Batterymarch Park, Quincy, MA 02169  
617-774-1555

Only one notification of injury form is  
required to be filed per injury.

STUDENT INFORMATION:	
NAME (LAST)	(FIRST)
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
SOCIAL SECURITY NUMBER OF STUDENT	

SCHOOL STUDENT ATTENDS:
PARENT NAME & ADDRESS (Please Print Clearly)
TELEPHONE #

## ACCIDENT INFORMATION:

NOTE: IF TOOTH INJURY, PLEASE ADVISE WHICH TOOTH AND ATTACH SIGNED ATTENDING DENTIST'S CERTIFICATION THAT TOOTH WAS SOUND AND NATURAL BEFORE INJURY.

DATE OF ACCIDENT	LOCATION OF ACCIDENT (Place)	STATE
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DESCRIPTION OF INJURY (Specify left or right if applicable)
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HOW DID ACCIDENT HAPPEN?
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NAME AND ADDRESS OF PHYSICIAN(S)
PHYSICIAN(S) TELEPHONE #

TREATMENT COMPLETED YES <input type="checkbox"/> NO <input type="checkbox"/>	HAS THE ABOVE STUDENT SUFFERED SAME OR SIMILAR CONDITION / INJURY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF PREVIOUSLY TREATED FOR THIS CONDITION / INJURY, GIVE BRIEF HISTORY INCLUDING DATES.
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PLEASE SEE THE FOLLOWING PAGE FOR IMPORTANT FRAUD INFORMATION REGARDING YOUR CLAIM.

*PARENT SIGNATURE BELOW AUTHORIZES THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. A.W.G. DEWAR, INC. WILL PROTECT THE PRIVACY AND CONFIDENTIALITY OF THIS INFORMATION.*

SIGNED BY: <input type="checkbox"/> PARENT OR GUARDIAN <input type="checkbox"/> SCHOOL OFFICIAL <input type="checkbox"/> SCHOOL NURSE <input type="checkbox"/> DOCTOR
SIGNATURE _____ DATE _____
PRINT NAME _____ TELEPHONE # _____
ADDRESS _____

Please complete this form and mail it to the address below.  
Please forward itemized statements for medical services to our office for reimbursement.  
Itemized statements should include: date of service, service provided and cost of each service.

A.W.G. DEWAR, INC. 4 BATTERYMARCH PARK, QUINCY, MA 02169-7468

## IMPORTANT NOTICE

### **To Arizona Claimants**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **TO CLAIMANTS IN ARKANSAS, LOUISIANA, MARYLAND AND TEXAS,**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR (in AR, LA or MD) KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

### **To California Claimants**

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **To Colorado Claimants**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **To Claimants in Delaware, Idaho and Indiana**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### **To Florida Claimants**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **To Kentucky Claimants**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **To Minnesota Claimants**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **To New Hampshire Claimants**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **To New Jersey Claimants**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **TO NEW MEXICO CLAIMANTS**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

### **To New York Claimants**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **To Ohio Claimants**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **To Oklahoma Claimants**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **To Oregon Claimants**

Any person who knowingly and with the intent to defraud any insurer provides false or misleading information concerning any fact material to a risk to be insured or to a claim for loss or benefits may be guilty of a crime.

### **To Pennsylvania Claimants**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### **To Claimants in Virginia, Washington and any State not listed above**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.