INCIDENT/ACCIDENT REPORT FORM

THIS FORM DOES **NOT** COMPLY WITH RCW 4.96.020 FOR THE FILING OF A CLAIM FOR DAMAGES

FORM INSTRUCTIONS This form to be completed **by DISTRICT PERSONNEL ONLY**. Do not allow student or parents/injured party to complete. Do not use this form to report employee (on the job) injuries. Complete and forward this form to the Pool at earliest opportunity. Send supplemental information under separate cover if necessary. Remember to report all District property theft and vandalism claims to law enforcement also.

DISTRICT:	SCHOOL NAME:	COMPLETED BY:

CONTACT	PHONE NUMBER

DATE OF INCIDENT/ACCIDENT	TIME	AM	PM	☐ INJURY	☐ VEHICLE	☐ NON-VEHICLE PROPERTY DAMAGE/LOSS

LOCATION ☐ CLASS	☐ PLAYGROUND	☐ GYM	☐ LABORATORY	☐ SHOP	☐ OFF-PREMISES	☐ OTHER, specify

DESCRIPTION OF INCIDENT/ACCIDENT/DAMAGE

WITNESS(ES)	PH #
IDENTIFY AGENCY CALLED TO SCENE (*police, fire, etc.*)	REPORT #

INJURIES (*complete separate form for each injured individual*)

NAME	STUDENT/EMPLOYEE/OTHER		
LAST FIRST MIDDLE ADDRESS	GENDER	AGE	GRADE
STREET CITY ZIP CODE			
NAME OF PARENT/GUARDIAN (*if applicable*)	HOME PH		
ADDRESS OF PARENT	WORK PH		
PART OF BODY INJURED TYPE OF INJURY (*e.g., cut, burn*)	CELL PH		

EXTENT OF INJURY (*e.g., minor, severe*)	NO. OF SCHOOL DAYS LOST	
NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT TITLE	PHONE #	
ACTION TAKEN / BY WHOM / WHEN PRESENT AT SCENE?	YES	NO

☐ SENT TO HEALTH ROOM ☐ SENT HOME ☐ 911 CALLED ☐ SENT TO HOSPITAL / DOCTOR IF STUDENT, ACCIDENT INS.	YES	NO

NON-VEHICLE PROPERTY DAMAGE / LOSS

PROPERTY DESCRIPTION / DAMAGE		
OWNER	EST. LOSS $	
ADDRESS PHONE	DIST. EMPLOYEE YES	NO

DAMAGE TO DISTRICT VEHICLE / OR OTHER VEHICLE (*attach state accident report if available*)	WORK

DISTRICT VEHICLE ☐ BUS   ☐ CAR/TRUCK/VAN   ☐ OTHER   YR_____   MAKE_____   MODEL_____
LIC #_____   VIN #_____

DRIVER NAME   HOME PHONE   WORK PHONE

DESCRIBE DAMAGE	EST. LOSS $

CITATION / VIOLATION   DISTRICT DRIVER   OTHER DRIVER

OTHER VEHICLE   YR   MAKE   MODEL   LIC #   VIN #

DRIVER NAME /ADDRESS	PHONE
OWNER NAME / ADDRESS	PHONE

DESCRIBE DAMAGE

OTHER VEHICLE INSURANCE CO.	POLICY #
INSURANCE AGENT / ADDRESS	PHONE #

Please keep a **COPY** for your records.