

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.

INFORMATION:		DISTRICT	SCHOOL NAME:	COMPLETED BY:				
CONTACT		PHONE NUMBER						
DATE OF INCIDENT/ACCIDENT	TIME	AM / PM	<input type="checkbox"/> INJURY	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PROPERTY DAMAGE/LOSS (<i>non-vehicle</i>)			
LOCATION	<input type="checkbox"/> CLASS	<input type="checkbox"/> PLAYGROUND	<input type="checkbox"/> GYM	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> SHOP	<input type="checkbox"/> OFF-PREMISES	<input type="checkbox"/> OTHER, SPECIFY	
DESCRIPTION OF INCIDENT/ACCIDENT/DAMAGE								
WITNESS(ES)							PH #	
IDENTIFY AGENCY CALLED TO SCENE (<i>police, fire, etc.</i>)							REPORT #	
INJURIES (<i>complete separate form for each injured individual</i>)								
NAME				STUDENT/EMPLOYEE/OTHER				
ADDRESS		LAST	FIRST	MIDDLE	GENDER		AGE	GRADE
STREET		CITY		ZIP CODE				
NAME OF PARENT/GUARDIAN (<i>if applicable</i>)							HOME PH	
ADDRESS OF PARENT							WORK PH	
PART OF BODY INJURED			TYPE OF INJURY (<i>e.g., cut, burn</i>)			CELL PH		
EXTENT OF INJURY (<i>e.g., minor, severe</i>)					NO. OF SCHOOL DAYS LOST			
NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT				TITLE		PHONE #		
ACTION TAKEN / BY WHOM / WHEN					PRESENT AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> SENT TO SCHOOL NURSE <input type="checkbox"/> SENT HOME <input type="checkbox"/> 911 CALLED <input type="checkbox"/> SENT TO HOSPITAL / DOCTOR IF STUDENT, ACCIDENT INS. <input type="checkbox"/> YES <input type="checkbox"/> NO								
NON-VEHICLE PROPERTY DAMAGE / LOSS								
PROPERTY DESCRIPTION / DAMAGE						SER #		
OWNER						EST. LOSS \$		
ADDRESS				PHONE		DIST. EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO		
DAMAGE TO DISTRICT VEHICLE / OR OTHER VEHICLE (<i>attach state accident report if available</i>)						WORK		
DISTRICT VEHICLE		<input type="checkbox"/> TO/FROM SCHOOL		<input type="checkbox"/> PARKING LOT		<input type="checkbox"/> OTHER		
YR _____		MAKE _____		MODEL _____				
LIC # _____				VIN # _____				
DRIVER NAME			HOME PHONE		WORK PHONE			
DESCRIBE DAMAGE						EST. LOSS \$		
CITATION / VIOLATION <input type="checkbox"/> DISTRICT DRIVER <input type="checkbox"/> OTHER DRIVER								
OTHER VEHICLE		YR _____		MAKE _____		MODEL _____		
LIC # _____		VIN # _____						
NAME								
OWNER / ADDRESS						PHONE		
DRIVER (<i>if not owner</i>) / ADDRESS						PHONE		
DESCRIBE DAMAGE								
OTHER VEHICLE INSURANCE CO.						POLICY #		
INSURANCE AGENT / ADDRESS						PHONE #		

Date Signed

Signed By

Title

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