

## Incident Report Form

This form is to be completed by district personnel only. For personal injuries use the Personal Injury Report Form **3420 F3**.  
This form does not comply with RCW 4.96.020 for the filing of a Claim for Damages.

<b>School/Site Name</b>		<b>Date of Incident</b>		<b>Time</b> <input type="checkbox"/> am <input type="checkbox"/> pm	
Address			Exact Location:		
Staff Contact		Email		Ph	
Person Completing Form (if different)		Email		Ph	
Mandatory Reporting Incidents	<input type="checkbox"/> Arson	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Threats	<input type="checkbox"/> Weapon	
	<input type="checkbox"/> Assault	<input type="checkbox"/> Police Related Incidents	<input type="checkbox"/> Trespass	<input type="checkbox"/> Building Damage (if insurance claim required)	
	<input type="checkbox"/> Drugs/Alcohol	<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism		
Departments Called <input type="checkbox"/> Security 425.485.9535 <input type="checkbox"/> Business Services (x7630 if possible claim against district) <input type="checkbox"/> Other:					
Police Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:			Fire Dept. Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:		

Persons Involved (list additional under description or attach another page)					
Name		Staff	<input type="checkbox"/>	Student	<input type="checkbox"/>
		Other	<input type="checkbox"/>	Day Ph	
Address		Email		Eve Ph	
Name		Staff	<input type="checkbox"/>	Student	<input type="checkbox"/>
		Other	<input type="checkbox"/>	Day Ph	
Address		Email		Eve Ph	
Name		Staff	<input type="checkbox"/>	Student	<input type="checkbox"/>
		Other	<input type="checkbox"/>	Day Ph	
Address		Email		Eve Ph	

**Description** — Provide a brief description of the incident. If property is missing include serial/district numbers.  
Attach additional paperwork if necessary.

If Vehicle Involved (list contact information under Persons Involved)					
Driver Name			Owner Name		
Year	Make	Model	License	VIN	
Insurance Agent		Address		Ph	

E-mail to [g.incidentreport@nsd.org](mailto:g.incidentreport@nsd.org) or intra-district mail original to Business Services @ Admin Center.  
Attach photos if applicable.

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Additional Information