

## 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.

<b>INFORMATION:</b>		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 #
<b>INJURIES</b> ( <i>complete separate form for each injured individual</i> )					
NAME			STUDENT/EMPLOYEE/OTHER		
ADDRESS	LAST	FIRST	MIDDLE	GENDER	AGE
	STREET	CITY	ZIP CODE		GRADE
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 HEALTH ROOM <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
<b>NON-VEHICLE PROPERTY DAMAGE / LOSS</b>					
PROPERTY DESCRIPTION / DAMAGE					SER #
OWNER					EST. LOSS \$
ADDRESS			PHONE		DIST. EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DAMAGE TO DISTRICT VEHICLE / OR OTHER VEHICLE</b> ( <i>attach state accident report if available</i> )					WORK
<b>DISTRICT VEHICLE</b>		<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					
<b>OTHER VEHICLE</b>		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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