



Karns City Area School District

Property Damage/Loss Incident Report

Form must be completed by DISTRICT PERSONNEL ONLY as soon as possible after incident.

This is an interactive form that can be saved. Fill in the blanks and provide a copy to the District Office.

GENERAL INFORMATION

Form completed by: _____ Title: _____ Date completed: _____ Time: _____ a.m. p.m.
 Department: _____ Building Name: _____ Phone: _____

Administrator's Signature: _____ Title: _____ Phone: _____

INCIDENT INFORMATION (Check as many check boxes as apply for Type, Location and Who Was Involved)

<u>Type</u>	<u>Location</u>	<u>Who Was Involved</u>
<input type="checkbox"/> Injury (NOTE: if there was an injury please fill out an injury form for each injured person) <input type="checkbox"/> Property Damage/loss (non-vehicle) <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inside a school building <input type="checkbox"/> On the school grounds <input type="checkbox"/> Off school premises but under school jurisdiction <input type="checkbox"/> In or around a School Bus <input type="checkbox"/> In or around a District Vehicle <input type="checkbox"/> Other _____	<input type="checkbox"/> Student(s) <input type="checkbox"/> Employee(s) <input type="checkbox"/> Other: _____

Date of incident: _____ Time: _____ a.m. p.m. Location: _____
 Full Description of incident (be specific): _____

(add attachments and pictures if available)

Witness(es): _____ Phone: _____
 Identify agency called to scene: Police Fire Ambulance Other: _____ Report #: _____
 Person notified: Parent Guardian Spouse Other: _____ Phone Number: _____
 When Notified: Date: _____ Time: _____ a.m. p.m. By whom: _____
 911 Called Yes No Transported Yes No Transported To: _____

NON-VEHICLE PROPERTY DAMAGE/LOSS INFORMATION (add attachments if needed)

Property Description: _____
 Describe damage: _____

Ser. #: _____ Est Loss \$: _____ Requesting repair or replacement by KCASD: Yes No
 Owner: _____ District Employee: Yes No
 Address: _____ Phone: Home: _____ Work: _____

DAMAGE TO DISTRICT VEHICLE AND / OR OTHER VEHICLE (Please attach PA State accident report if available.)

1. **District Vehicle:** (You can add this information as an attachment if available.)
 Year _____ Make _____ Model _____ Lic # _____ Vin # _____
 Driver's Name: _____ Phone: Home: _____ Work: _____
 Describe the damage: _____ Est Loss \$ _____
 Citation / Violation: Yes No District Driver: Yes No Other Driver Name: _____

2. **Other Vehicle:** (You can add this information as an attachment if available.)
 Year: _____ Make: _____ Model: _____ Lic #: _____ Vin #: _____
 Owner's Name: _____ Phone# Home: _____ Work _____
 Address: _____
 Driver (if not the owner): _____ Phone # Home: _____ Work: _____
 Address: _____
 Describe the _____ damage: _____

vehicle insurance company: _____ Policy # _____
 Insurance agent: _____ Phone: _____

Address: _____ Form Version: 1718