Incident Report Instructions

Incident Reports:

If a loss or incident resulting in damage to district property occurs, an Incident Report form should be completed immediately detailing the incident. Take pictures if applicable for documentation purposes and attach to Incident Report form. Please follow the instructions listed below on how to forward the completed form to the appropriate people.

Instructions for form:

1. Complete all applicable fields on the attached form providing as much detail as possible.

2. Print for site Principal / Department Supervisor's signature.

3. Scan report and forward to the following three people via email:

    a. Brandon Lewis, Wells Fargo Insurance: Brandon.Lewis@wellsfargo.com
    b. Jasmine Sanchez, ASC Risk Management: NPAIP@ascrisk.com
    c. Cori Isherwood, DCSD: cisherwo@dcsd.k12.nv.us

When emailing the form, please create one email to send the file to the three recipients listed above.
Please note what form you are enclosing and the date of the incident in the subject line.
Please include how to contact you and attach any pictures that were taken.

4. Retain electronic or original paper copy of the form for the sites files.

If you would like additional information or assistance please contact Cori Isherwood on (775) 782-7177 ext 1639

DCSD INCIDENT REPORT

DCSD Official Use Only: ASC----- FAX # 775-329-7418 # Pages

TYPE OF LOSS -	**Auto**		**Liablity**		**Property**		

INSURED:	**Claim #:**
	Contact:
	Phone #:

LOSS:

Date & Time:	Location:

Description of Loss:

Motor Vehicle Accident:

Member Vehicle-Year-Make-Model	License Number	VIN (Vehicle Identification Number)

Driver's Name and Address	Department

Driver's License Number	Driver's Age	Residence Phone	Business Phone

Description of Damage	Where can vehicle be seen	Unit Number

PROPERTY DAMAGE

Describe Property (if Auto - Year - Make - Model - Plate No)	Company of Agency Name and Policy #

Owner's Name and Address	Residence Phone	Business Phone

Driver's Name & Address if not same as Owner	Residence Phone	Business Phone

Describe Damage	Estimate Amt.	Where can Property Be Seen	Fire,Hail Etc.

INJURED

Name and Address	Phone #	Ped. Ins.Veh - Owner Veh	Hospital/Dr.	Age	Describe Injury
None					

WITNESSES OR PASSENGERS

Name and Address	Phone Number	Ins/Owner Veh.	Other

POLICE

Police Investigate	Police Agency	Charges	Investigating Officer	Report Number

LIABILITY

Alleged Offense	Officials Involved

Claimant - Name and Address	Residence Phone	Business Phone

REMARKS

Date	Reported By	Reported To	Signature