

**LAKE STEVENS SCHOOL DISTRICT NO.4**  
**STUDENT/NON-EMPLOYEE INCIDENT REPORT**

School/Site: \_\_\_\_\_ Date: \_\_\_\_\_

Person Preparing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Gr: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

When Notified: \_\_\_\_\_ By Whom: \_\_\_\_\_

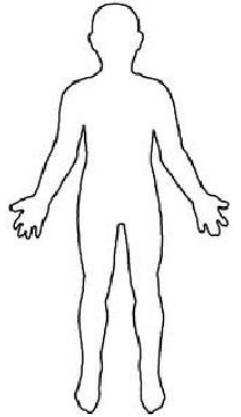
Nonemployee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**INCIDENT**

Date Occurred: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Incident:  *If Checked = See Nurse's secured notes in Skyward.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Description/Extent of Injury:  *If Checked = See Nurse's secured notes in Skyward.*

\_\_\_\_\_  
 \_\_\_\_\_

Person in charge when incident occurred/Title: \_\_\_\_\_

At scene? Yes \_\_\_ No \_\_\_

1) Witness Name: \_\_\_\_\_ Title: \_\_\_\_\_

2) Witness Name: \_\_\_\_\_ Title: \_\_\_\_\_

Action Taken/Care Given: \_\_\_\_\_

By whom: \_\_\_\_\_ Title: \_\_\_\_\_ Time: \_\_\_\_\_

Dates absent due to injury: \_\_\_\_\_ Student Accident Insurance? \*Yes \*No

√ CHECK ALL THAT APPLY		
___ Sent to Health Room	___ Sent Home w/parent	___ Called 911
___ Sent/referred to Medical Provider	___ Sent/referred to Dentist	___ Sent/referred to Clinic/Hospital

**This report should be completed and forwarded to the Business Office immediately.** If an accident occurs that requires a 911 call, contact the ESC at 335-1500 to provide an oral report. \* **Fill out Risk Management 911 Emergency Medical Notification Checklist.** Describe the incident in sufficient detail to show the conditions existing at the time of the incident. Any unsafe acts/conditions should be corrected at once.

*<See Non-Vehicle Property Damage/Lose report on reverse side.>*

Retain copies of this incident report at the school/site for office & nurse.

01/2016

**LAKE STEVENS SCHOOL DISTRICT NO.4  
NON-VEHICLE PROPERTY DAMAGE/LOSS**

**\*If Theft, then fill out the Property Damage/Theft Report Form**

PROPERTY DESCRIPTION: \_\_\_\_\_ SER# \_\_\_\_\_  
DESCRIBE DAMAGE \_\_\_\_\_ EST. LOSS \$ \_\_\_\_\_  
OWNER \_\_\_\_\_ DISTRICT EMPLOYEE? \* YES \*NO  
ADDRESS \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

**\*\*\*\*\* VEHICLE \*\*\*\*\***

**DAMAGE TO DISTRICT VEHICLE AND/OR OTHER VEHICLE  
(ATTACH STATE ACCIDENT REPORT IF AVAILABLE)**

**1. DISTRICT VEHICLE**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LIC# \_\_\_\_\_ VIN# \_\_\_\_\_

DRIVER NAME \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

DESCRIBE DAMAGE \_\_\_\_\_ EST. LOSS \$ \_\_\_\_\_

CITATION /VIOLATION \_\_\_\_\_ DISTRICT DRIVER \_\_\_\_\_ OTHER DRIVER, NAME: \_\_\_\_\_

**2. OTHER VEHICLE**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LIC# \_\_\_\_\_ VIN# \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVER (IF NOT OWNER) \_\_\_\_\_ PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_

DESCRIBE DAMAGE \_\_\_\_\_ EST. LOSS \$ \_\_\_\_\_

OTHER VEHICLE INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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