

## 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.

**DISTRICT:** \_\_\_\_\_ **SCHOOL NAME:** \_\_\_\_\_ **COMPLETED BY:** \_\_\_\_\_

**CONTACT** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**DATE OF INCIDENT/ACCIDENT** \_\_\_\_\_ **TIME** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_  **INJURY**  **VEHICLE**  **NON-VEHICLE** **PROPERTY DAMAGE/LOSS**

**LOCATION**  **CLASS**  **PLAYGROUND**  **GYM**  **LABORATORY**  **SHOP**  **OFF-PREMISES**  **OTHER, SPECIFY** \_\_\_\_\_

**DESCRIPTION OF INCIDENT/ACCIDENT/DAMAGE**

**WITNESS(ES)** \_\_\_\_\_ **PH #** \_\_\_\_\_

**IDENTIFY AGENCY CALLED TO SCENE (police, fire, etc.)** \_\_\_\_\_ **REPORT #** \_\_\_\_\_

**INJURIES (complete separate form for each injured individual)**

**NAME** \_\_\_\_\_ **STUDENT/EMPLOYEE/OTHER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **GENDER** \_\_\_\_\_ **AGE** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**STREET** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN (if applicable)** \_\_\_\_\_ **HOME PH** \_\_\_\_\_

**ADDRESS OF PARENT** \_\_\_\_\_ **WORK PH** \_\_\_\_\_

**PART OF BODY INJURED** \_\_\_\_\_ **TYPE OF INJURY (e.g., cut, burn)** \_\_\_\_\_ **CELL PH** \_\_\_\_\_

**EXTENT OF INJURY (e.g., minor, severe)** \_\_\_\_\_ **NO. OF SCHOOL DAYS LOST** \_\_\_\_\_

**NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ACTION TAKEN / BY WHOM / WHEN** \_\_\_\_\_ **PRESENT AT SCENE?** **YES** **NO**

**SENT TO HEALTH ROOM**  **SENT HOME**  **911 CALLED**  **SENT TO HOSPITAL / DOCTOR** **IF STUDENT, ACCIDENT INS.** **YES** **NO**

**NON-VEHICLE PROPERTY DAMAGE / LOSS**

**PROPERTY DESCRIPTION / DAMAGE**

**OWNER** \_\_\_\_\_ **EST. LOSS \$** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **DIST. EMPLOYEE** **YES** **NO**

**DAMAGE TO DISTRICT VEHICLE / OR OTHER VEHICLE (attach state accident report if available)**

**WORK**

**DISTRICT VEHICLE**  **BUS**  **CAR/TRUCK/VAN**  **OTHER** **YR** \_\_\_\_\_ **MAKE** \_\_\_\_\_ **MODEL** \_\_\_\_\_

**LIC #** \_\_\_\_\_ **VIN #** \_\_\_\_\_

**DRIVER NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

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

**CITATION / VIOLATION** \_\_\_\_\_ **DISTRICT DRIVER** \_\_\_\_\_ **OTHER DRIVER** \_\_\_\_\_

**OTHER VEHICLE** **YR** \_\_\_\_\_ **MAKE** \_\_\_\_\_ **MODEL** \_\_\_\_\_ **LIC #** \_\_\_\_\_ **VIN #** \_\_\_\_\_

**DRIVER NAME / ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**OWNER NAME / ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DESCRIBE DAMAGE**

**OTHER VEHICLE INSURANCE CO.** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**INSURANCE AGENT / ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

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