

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: _____

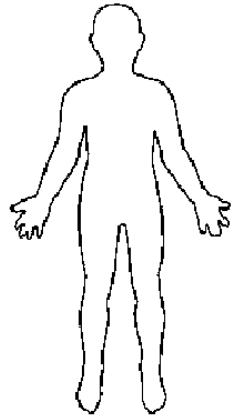
When Notified: _____ By Whom: _____

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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