

STANWOOD-CAMANO SCHOOL DISTRICT

INCIDENT/ACCIDENT REPORT FORM FOR STUDENTS AND PROPERTY ONLY

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 ARC 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.

SCHOOL NAME:				COMPLETED BY:			
CONTACT:				PHONE NUMBER:			
DATE OF INCIDENT/ACCIDENT :		TIME:		INJURY		VEHICLE	
						PROPERTY DAMAGE/LOSS (<i>non-vehicle</i>)	
LOCATION:	CLASS	PLAYGROUND	GYM	LABORATORY	SHOP	OFF-PREMISES	OTHER, SPECIFY
DESCRIPTION OF INCIDENT/ACCIDENT/DAMAGE:							

WITNESS(ES):	PH #:
IDENTIFY AGENCY CALLED TO SCENE (<i>police, fire, etc.</i>):	REPORT #:

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

NAME:			STUDENT/OTHER:		
LAST FIRST MIDDLE			GENDER : AGE: GRADE :		
STREET CITY ZIP CODE					
NAME OF PARENT/GUARDIAN (<i>if applicable</i>):			HOME PH:		
ADDRESS OF PARENT:			WORK PH:		
PART OF BODY INJURED:			CELL PH:		
TYPE OF INJURY (<i>e.g., cut, burn</i>):					
EXTENT OF INJURY (<i>e.g., minor, severe</i>):			NO. OF SCHOOL DAYS LOST :		
NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT:			TITLE:		
			PHONE # :		
ACTION TAKEN / BY WHOM / WHEN: SCENE?			PRESENT AT		
			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:		SER #:
OWNER:		EST. LOSS: \$
ADDRESS:	PHONE:	DIST. EMPLOYEE: YES No
DAMAGE TO DISTRICT VEHICLE / OR OTHER VEHICLE (<i>attach state accident report if available</i>)		WORK

DISTRICT VEHICLE	To/FROM	SCHOOL	PARKING LOT	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 #:
NAME:					
OWNER / ADDRESS:				PHONE:	
DRIVER (<i>if not owner</i>) / ADDRESS:				PHONE :	
DESCRIBE DAMAGE:					
OTHER VEHICLE INSURANCE Co.:				POLICY #:	
INSURANCE AGENT / ADDRESS:				PHONE #:	

SIGNATURE _____ **TITLE** _____ **DATE** _____

ORIGINAL TO DISTRICT OFFICE - BUSINESS SERVICES - please keep a **COPY** for your records.