.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.

INFORMATION: **Port Angeles School** DISTRICT SCHOOL NAME: **Port Angeles High School** COMPLETED BY:

CONTACT PHONE NUMBER

DATE OF INCIDENT/ACCIDENT ******** TIME ****** PM ■ INJURY ☐ VEHICLE ☐ PROPERTY DAMAGE/LOSS (*non-vehicle*)

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 # N/A

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

NAME JENSEN ROSS STUDENT/EMPLOYEE/OTHER **STUDENT - ATHLETE**

LAST FIRST MIDDLE

ADDRESS PORT ANGELES, WA 98362 GENDER ** AGE ** GRADE **

STREET CITY ZIP CODE

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

ADDRESS OF PARENT SAME AS STUDENT WORK PH

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

EXTENT OF INJURY (*e.g., minor, severe*) NO. OF SCHOOL DAYS LOST 0

NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT TOM WAHL TITLE HEAD COACH PHONE #

ACTION TAKEN / BY WHOM / WHEN REFERRED TO DOCTOR ☐YES ☐NO

☐ SENT TO HEALTH ROOM ☐ SENT HOME WITH PARENT ☐ 911 CALLED ☐ SENT TO HOSPITAL / DOCTOR IF STUDENT ☐ 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 (*attach state accident report if available*) WORK

DISTRICT VEHICLE ☐ TO/FROM SCHOOL ☐ PARKING LOT ☐ OTHER YR_____ MAKE_____ MODEL _____

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 (*if not owner*) / ADDRESS PHONE

DESCRIBE DAMAGE

OTHER VEHICLE INSURANCE CO. POLICY #

INSURANCE AGENT / ADDRESS PHONE #

Date Signed _____ **Signed By** _____ **Title** _____

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