

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.

GENERAL INFORMATION SCHOOL DISTRICT		SCHOOL NAME
CONTACT		PHONE NUMBER
DATE OF INCIDENT/ACCIDENT	TIME	AM / PM <input type="checkbox"/> INJURY <input type="checkbox"/> VEHICLE <input type="checkbox"/> PROPERTY DAMAGE/LOSS (<i>non-vehicle</i>)
LOCATION <input type="checkbox"/> CLASS <input type="checkbox"/> PLAYGROUND <input type="checkbox"/> GYM <input type="checkbox"/> LABORATORY <input type="checkbox"/> SHOP <input type="checkbox"/> OFF-PREMISES <input type="checkbox"/> 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/EMPLOYEE/OTHER	
LAST	FIRST	MIDDLE	
ADDRESS		GENDER	AGE
STREET		CITY	GRADE
NAME OF PARENT/GUARDIAN (<i>if applicable</i>)		ZIP CODE	
ADDRESS OF PARENT		HOME PH	
PART OF BODY INJURED		TYPE OF INJURY (<i>e.g., cut, burn</i>)	
EXTENT OF INJURY (<i>e.g., minor, severe</i>)		CELL PH	
NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT		TITLE	
ACTION TAKEN / BY WHOM / WHEN		PRESENT AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SENT TO SCHOOL NURSE <input type="checkbox"/> SENT HOME <input type="checkbox"/> 911 CALLED <input type="checkbox"/> SENT TO HOSPITAL / DOCTOR		IF STUDENT, ACCIDENT INS. <input type="checkbox"/> YES <input type="checkbox"/> NO	

NON-VEHICLE PROPERTY DAMAGE / LOSS

PROPERTY DESCRIPTION / DAMAGE	SER #
OWNER	EST. LOSS \$
ADDRESS	PHONE
DIST. EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

DISTRICT VEHICLE <input type="checkbox"/> TO/FROM SCHOOL <input type="checkbox"/> PARKING LOT <input type="checkbox"/> OTHER		YR _____	MAKE _____	MODEL _____
		LIC # _____	VIN # _____	
DRIVER NAME		HOME PHONE	WORK PHONE	
DESCRIBE DAMAGE		EST. LOSS \$		
CITATION / VIOLATION		<input type="checkbox"/> DISTRICT DRIVER <input type="checkbox"/> OTHER DRIVER		
OTHER VEHICLE	YR	MAKE	MODEL	LIC #
NAME		VIN #		
OWNER / ADDRESS		PHONE		
DRIVER (<i>if not owner</i>) / ADDRESS		PHONE		
DESCRIBE DAMAGE				
OTHER VEHICLE INSURANCE CO.		POLICY #		
INSURANCE AGENT / ADDRESS		PHONE #		

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

WASHINGTON SCHOOLS • Risk Management Pool
PO Box 66838 • Seattle, WA 98166-0838
(206) 439-6950 • 800-488-7569 • FAX (206) 439-6939