

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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