INCIDENT/ACCIDENT REPORT FORM

THIS FORM DOES NOT COMPLY WITH RCW 4.96.020 FOR THE FILING OF A CLAIM FOR DAMAGES

To WSRMP

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

LAST | FIRST | MIDDLE

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 #

Washington Schools Risk Management Pool • PO Box 88700 • Tukwila, WA 98138-2700
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