

INCIDENT/ACCIDENT REPORT FORM

To WSRMP

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 <input type="radio"/> PM <input type="radio"/>	<input type="checkbox"/> INJURY	<input type="checkbox"/> VEHICLE
		<input type="checkbox"/> NON-VEHICLE PROPERTY DAMAGE/LOSS			
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 (<i>complete separate form for each injured individual</i>)					
NAME			STUDENT/EMPLOYEE/OTHER		
LAST		FIRST	MIDDLE	GRADE	
ADDRESS			GENDER		AGE
STREET		CITY	ZIP CODE		
NAME OF PARENT/GUARDIAN (<i>if applicable</i>)					HOME PH
ADDRESS OF PARENT					WORK PH
PART OF BODY INJURED			TYPE OF INJURY (<i>e.g., cut, burn</i>)		CELL PH
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				PRESENT AT SCENE? <input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/> SENT TO HEALTH ROOM <input type="checkbox"/> SENT HOME <input type="checkbox"/> 911 CALLED <input type="checkbox"/> SENT TO HOSPITAL / DOCTOR				IF STUDENT, ACCIDENT INS. <input type="radio"/> YES <input type="radio"/> NO	
NON-VEHICLE PROPERTY DAMAGE / LOSS					
PROPERTY DESCRIPTION / DAMAGE					
OWNER					EST. LOSS \$
ADDRESS				PHONE	
				DIST. EMPLOYEE <input type="radio"/> YES <input type="radio"/> NO	
DAMAGE TO DISTRICT VEHICLE / OR OTHER VEHICLE (<i>attach state accident report if available</i>)					WORK
DISTRICT VEHICLE <input type="checkbox"/> BUS <input type="checkbox"/> CAR/TRUCK/VAN <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		OTHER DRIVER <input type="checkbox"/>	
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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