

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 #

STUDENT/OTHER IDENTIFY AGENCY CALLED TO SCENE (police, fire, etc.) REPORT #

INJURIES (complete separate form for each injured individual)

NAME STUDENT/OTHER SIGNATURE OF BUILDING ADMINISTRATOR

ADDRESS LAST FIRST MIDDLE 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 #

SKSD Internal Distribution for WSRMP Incident/Accident Report Forms

Reports must be faxed by the building to numbers below:

- | | | |
|---|---------------|--------------------------|
| • Student/Visitor Incident-Accident Reports | FAX #874-6230 | Facilities/Safety Office |
| • Student Athletic Injuries | FAX #874-5892 | Athletic Director |
| • Property Damage/Loss (Non-Vehicle) | FAX #874-7024 | Business Services |
| • District/Other Vehicle Accident | FAX #874-7097 | Transportation Director |

Notes:

1. The reporting organizations (Facilities/Safety Office, Athletic Director, Business Services, and Transportation Director) will forward the Incident/Accident Report to WSMRP FAX #206-394-9712.
2. Additional pages can be added to the report. These should be reflected on the front of the form, i.e. 1 of 2, 2 of 2; 1 of 3, 2 of 3, 3 of 3 etc.
3. Do not send District or local Injury forms to the Facilities/Safety Office that are not accompanied by a WSRMP cover report.
4. Employee Injuries will continue to be reported on a District Form EIR and should be sent directly to the Facilities/Safety Office.

Additional information regarding this event _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.