

INCIDENT REPORT

Educational Service District 112 • SW WA Risk Management Cooperative
2500 NE 65th Avenue • Vancouver, WA 98661-6812 • (360) 750-7504 • FAX (360) 750-9836

Please use this form to - REPORT ALL CLAIMS OR POTENTIAL CLAIMS
DO NOT Use this form to - REPORT EMPLOYEE (on-the-job) INJURIES

Report to the Cooperative Immediately and Forward Supplemental Information Under Separate Cover, If Necessary

GENERAL INFORMATION

District _____ Date Completed _____
Name of Contact Person _____ Phone # _____

INCIDENT INFORMATION

Injury Vehicle Property Damage/Loss (non-vehicle)

Date of Incident _____ Time _____ AM/PM _____

Location Class Playground Gym Laboratory Shop Off-Premises Other, Specify _____

School Name _____

Description of Incident or Accident _____

Witness(es) _____ Phone _____

Identify Agency Called to Scene (Police, Fire, Etc.) _____ Report # _____

INJURIES (complete Separate for for each injured individual)

Name	Student	Emp.	Other
Last First Middle	Gender	Age	Grade

Address _____ Home Phone _____

Street City zip code

Name of Parent/Guardian (if applicable) _____ Work Phone _____

Part of Body Injured _____ Type of Injury (e.g., cut, burn) _____

Extent of Injury (e.g., minor, severe) _____ No. of School Days Lost: _____

Name of Person in Charge at Time of Accident _____ Title _____ Phone # _____ Present at Scene? Yes No

Action Taken/by Whom/When _____

Sent to School Nurse Sent Home 911 Called Sent to Hospital/Doctor _____ If Student, Accident Ins. Yes No

NON-VEHICLE PROPERTY DAMAGE/LOSS

Property Description/Damage _____ Ser.# _____ Est. Loss \$ _____

Owner _____ district Employee Yes No

Address _____ Phone: Home _____ Work _____

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

DISTRICT VEHICLE To/From School Parking Lot Other YR _____ Make _____ Model _____ Lic.# _____ Vin # _____

Driver Name _____ Phone: Home _____ Work _____

Describe Damage _____ Est. Loss \$ _____

Citation/Violation District Driver Other Driver _____ Name _____

OTHER VEHICLE YR _____ Make _____ Model _____ Lic.# _____ Vin.# _____

Owner/Address _____ Phone: Home _____ Work _____

Driver (if not owner)/Address _____ Phone: Home _____ Work _____

Describe Damage _____

Other Vehicle Insurance Co. _____ Policy # _____

Insurance Agent/Address _____ Phone: _____