

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.

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| General Information: | | School District: Burlington-Edison | School Name: Burlington-Edison High School |
| Contact Name: | | Phone Number: | |
| Date of INCIDENT/ACCIDENT: | Time: 00:00 | <input type="checkbox"/> AM | <input type="checkbox"/> INJURY <input type="checkbox"/> VEHICLE |
| | | <input type="checkbox"/> PM | <input type="checkbox"/> PROPERTY DAMAGE/LOSS (non-vehicle) |
| 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: |
| Description of Incident: | | | |
| Witness(es): | | | Phone #: |
| Identifying Agency Called: | | | Report #: |
| INJURIES: (complete a separate form for each injured individual): | | | |
| Name: | | <input type="checkbox"/> Student | <input type="checkbox"/> Employee <input type="checkbox"/> Other: |
| Last | First | Middle | |
| Address: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: Grade: |
| Name of Parent/Guardian(if applicable): | | | Home Phone: |
| Address of Parent/Guardian: <input type="checkbox"/> Same as above | | | Work Phone: |
| | | | Cell Phone: |
| Part of Body Injured: | | Type of Injury (e.g. cut, burn): | |
| Extent of Injury (e.g. minor, severe): | | No. of School Days Lost: 0 | |
| Name of Person in Charge at Time of Accident: | | Title: | Phone #: |
| Action Taken / By Whom / When: | | Present at Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Sent to School Nurse <input type="checkbox"/> Sent Home <input type="checkbox"/> 911 Called <input type="checkbox"/> Sent to Hospital/Doctor | | If Student Accident Ins. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NON-VEHICLE PROPERTY DAMAGE/LOSS | | | |
| Property Description/Damage: | | | Serial #: |
| Owner: | | Phone #: | Est. Loss \$: |
| Address: | | | Dist. Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DAMAGE TO DISTRICT VEHICLE/OR OTHER VEHICLE (attach state accident report if available) | | | Work: |
| DISTRICT VEHICLE | <input type="checkbox"/> To/From School <input type="checkbox"/> Parking Lot | YR: | Make: Model: |
| <input type="checkbox"/> Other: | | | |
| LIC #: | | | VIN #: |
| Driver Name: | | Home Phone: | Work Phone: |
| Describe Damage: | | | Est. Loss \$: |
| Citation/Violation: <input type="checkbox"/> District Driver <input type="checkbox"/> Other Driver | | | |
| Other Vehicle: | YR: | Make: | Model: LIC#: |
| Name: | | | VIN#: |
| Owner / Address: | | | Phone #: |
| Driver (if not owner) Address: | | | Phone #: |
| Describe Damage: | | | |
| Other Vehicle Insurance Co.: | | | Policy #: |
| Insurance Agent / Address: | | | Phone #: |

Date Signed

Signed By

Title

Date Signed

Signed By

Principal

Title