

# PROPERTY REPORT

## EVERETT PUBLIC SCHOOLS P.O. BOX 2098 EVERETT, WA 98213 PROPERTY 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. Complete and email this form to [PropertyReports@everettsd.org](mailto:PropertyReports@everettsd.org) along with pictures or other documentation, within 24 hours of the incident. Remember to report all district property theft and vandalism claims to law enforcement. If injuries are involved, the appropriate report must also be completed for each injured person (Injury Report - Student/Volunteer/Citizen, to Risk & Compliance Services OR Employee Accident Report, to Benefits). Please call Risk & Compliance Services for questions at 425-385-4153.

### GENERAL INFORMATION

SCHOOL DISTRICT: Everett Public Schools

SCHOOL NAME:

DISTRICT CONTACT: Brenna Hanson

PHONE NUMBER: 425-385-4153

INCIDENT DATE:

TIME:

### TYPE OF REPORT:

☐

PROPERTY DAMAGE

☐

PROPERTY LOSS

☐

PROPERTY THEFT

☐

VEHICLE DAMAGE

☐

VEHICLE LOSS

DESCRIPTION OF INCIDENT/DAMAGE/LOSS:

WITNESS(ES):

PHONE NUMBER:

IDENTIFY AGENCY CALLED TO SCENE (*police, fire, etc.*):

REPORT/CASE #:

### NON-VEHICLE PROPERTY PROPERTY DESCRIPTION:

LOCATION: ☐ CLASS ☐ PLAYGROUND ☐ GYM ☐ LABORATORY ☐ SHOP ☐ OFF-PREMISES ☐ OTHER, SPECIFY:

DESCRIBE DAMAGE:

EST. LOSS: \$

OWNER:

DIST. EMPLOYEE? ☐ YES ☐ NO

ADDRESS:

HOME PHONE:

STREET

CITY/ST

ZIP CODE

WORK PHONE:

### DISTRICT VEHICLE (*attach State accident report if available*)

LOCATION: ☐ TO/FROM SCHOOL ☐ PARKING LOT ☐ OTHER, SPECIFY:

YR: MAKE: MODEL LIC #: VIN #:

DRIVER NAME:

HOME PHONE

DESCRIBE DAMAGE:

WORK PHONE:

CITATION/VIOLATION: ☐ DISTRICT DRIVER ☐ OTHER DRIVER

EST. LOSS: \$

### NON-DISTRICT VEHICLE (*attach State accident report if available*)

LOCATION: ☐ PARKING LOT ☐ OTHER, SPECIFY:

EST. LOSS: \$

YR: MAKE: MODEL: LIC #: VIN #:

DESCRIBE DAMAGE:

OWNER NAME:

HOME PHONE:

OWNER ADDRESS:

WORK PHONE:

STREET

CITY

ZIP CODE

DRIVER NAME (*if not owner*):

HOME PHONE:

DRIVER ADDRESS:

WORK PHONE:

STREET

CITY

ZIP CODE

INSURANCE AGENT NAME:

PHONE #:

INSURANCE COMPANY:

POLICY #:

INSURANCE CO. ADDRESS:

STREET

CITY

ZIP CODE

### TECHNOLOGY INFORMATION

STUDENT NAME:

SSID#:

AGE: GRADE: LOCATION:

EMPLOYEE NAME:

ID#:

DAMAGED ITEM:

PREPARED BY:

(*Must be prepared by EPS employee*)

TITLE: