

# 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** 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 General Counsel or Employee Accident Report, to Benefits). Please call General Counsel, Risk Management, for questions at 425-385-4153.

<b>GENERAL INFORMATION</b>		SCHOOL DISTRICT: Everett Public Schools	SCHOOL NAME:
DISTRICT CONTACT: Brenna Hanson			PHONE NUMBER: 425-385-4153
INCIDENT DATE:	TIME:		
<b>TYPE OF REPORT:</b> <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PROPERTY LOSS <input type="checkbox"/> PROPERTY THEFT <input type="checkbox"/> VEHICLE DAMAGE <input type="checkbox"/> VEHICLE LOSS			
DESCRIPTION OF INCIDENT/DAMAGE/LOSS:			
WITNESS(ES):		PHONE NUMBER:	
WITNESS(ES):		PHONE NUMBER:	
IDENTIFY AGENCY CALLED TO SCENE (police, fire, etc.):		REPORT/CASE #:	
<b>NON-VEHICLE PROPERTY</b>			
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:			
PROPERTY DESCRIPTION:		SERIAL #:	
DESCRIBE DAMAGE:		TAG #:	
EST. LOSS: \$			
OWNER:	CHECKED OUT TO: (FIRST AND LAST NAME/ID#)	DIST. EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS:		HOME PHONE:	
STREET	CITY	ZIP CODE	WORK PHONE:
<b>DISTRICT VEHICLE</b> (attach State accident report if available)			
LOCATION: <input type="checkbox"/> TO/FROM SCHOOL <input type="checkbox"/> PARKING LOT <input type="checkbox"/> OTHER, SPECIFY:			
YR:	MAKE:	MODEL:	LIC #: VIN #:
DRIVER NAME:		HOME PHONE:	
DESCRIBE DAMAGE:		WORK PHONE:	
CITATION/VIOLATION: <input type="checkbox"/> DISTRICT DRIVER <input type="checkbox"/> OTHER DRIVER		EST. LOSS: \$	
<b>NON-DISTRICT VEHICLE</b> (attach State accident report if available)			
LOCATION: <input type="checkbox"/> PARKING LOT <input type="checkbox"/> 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	

PREPARED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Must be prepared by EPS employee)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_