

# 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 forward this form to General Counsel, Risk Manager 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 (Injury Report ~ Student/Volunteer/Citizen or Employee Accident Report) must also be prepared for each injured person and a copy attached.

|  |   |  |                            |
|--|---|--|----------------------------|
| <b>GENERAL INFORMATION</b>   |   | SCHOOL DISTRICT: Everett Public Schools                                  | SCHOOL NAME:               |
| DISTRICT CONTACT: Brenna Hanson  |   |  | PHONE NUMBER: 425-385-4150 |
| 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 ( <i>police, fire, etc.</i> ):   |   | 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:<br>(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> ( <i>attach State accident report if available</i> )   |   |  |                            |
| 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> ( <i>attach State accident report if available</i> )   |   |  |                            |
| 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 ( <i>if not owner</i> ):   |   | 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: \_\_\_\_\_