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/Volulnteer/Citizen or Employee Accident Report) must also be prepared for each injured person and a copy attached.

GENERAL INFORMATION SCHOOL DISTRICT: Everett Public Schools SCHOOL NAME:

DISTRICT CONTACT: Brenna Hanson PHONE NUMBER: 425-385-4150

INCIDENT DATE: TIME: AM

TYPE OF REPORT: ☐ PROPERTY DAMAGE ☐ PROPERTY LOSS ☐ PROPERTY THEFT ☐ VEHICLE DAMAGE ☐ 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 #:

NON-VEHICLE PROPERTY

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

PROPERTY DESCRIPTION:	SERIAL #:
DESCRIBE DAMAGE:	TAG #:
	EST. LOSS: $
OWNER: CHECKED OUT TO: (NAME/ID#)	DIST. EMPLOYEE? ☐ YES ☐ NO
ADDRESS:	HOME PHONE:
STREET CITY 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	

PREPARED BY: _____ TITLE: _____

(Must be prepared by EPS employee)

SIGNATURE: _____ DATE: _____