

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 Business Services, 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.

GENERAL INFORMATION		SCHOOL DISTRICT: Everett Public Schools	SCHOOL NAME:
DISTRICT CONTACT: Jennifer Farmer or Kim Walker		PHONE NUMBER: 425-385-4150	
INCIDENT DATE:		TIME:	
TYPE OF REPORT: <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 #:	
NON-VEHICLE PROPERTY			
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:		EST. LOSS: \$	
OWNER:		DIST. EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS:		HOME PHONE:	
STREET		CITY	ZIP CODE
		WORK PHONE:	
DISTRICT VEHICLE (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: \$	
NON-DISTRICT VEHICLE (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

REPORT PREPARED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

**FOR BUSINESS SERVICES USE
ONLY**

DATE LOGGED:

DATE SENT TO RISK POOL: