

INCIDENT REPORT - TWIN FALLS SCHOOL DISTRICT

DATE OF OCCURRENCE: _____ TIME _____ LOCATION: _____

CHECK ALL THAT APPLY: VEHICLE _____ INJURY _____ PROPERTY _____ OTHER _____

Please specify

FOR SERIOUS INJURY, PROPERTY DAMAGE, OR THEFT, REPORT IMMEDIATELY

DESCRIBE INCIDENT IN DETAIL: (attach any additional documentation and use additional page if necessary)

VEHICLE:

YEAR _____ MAKE _____ VIN# _____ School Owned? _____ *If no,*
Owner's Name: _____ Address: _____ Ph: _____ Police Report? _____
Reason for use _____
Driver _____ Passengers _____

INJURY: (For employment related injury, DO NOT USE THIS FORM; contact your supervisor regarding Worker Compensation)

Name: _____ Age _____ Parent/Guardian _____ Contact Info: _____
Doctor or Treating Facility: _____ PH _____
Extent of Injury _____

Name: _____ Age _____ Parent/Guardian _____ Contact Info: _____
Doctor or Treating Facility: _____ PH _____
Extent of Injury _____

----Use additional pages if necessary----

PROPERTY DAMAGE:

Owner _____ Address: _____ PH _____
Other insurance? _____ Company/Agent: _____ policy# _____ PH _____
Describe Property _____
Description of Damage _____ Estimate of loss _____

OTHER:

WITNESSES:

Name _____ Address _____ PH _____
Name _____ Address _____ PH _____
Comments: _____

DESCRIBE THE CONDITIONS/ACTION THAT CAUSED OR CONTRIBUTED TO THE INCIDENT:

DESCRIBE THE ACTION(S) THAT HAVE BEEN TAKEN TO PREVENT A RECURRENCE:

REPORTED BY- (Name) _____ Date _____ Time: _____
TITLE/DEPARTMENT _____ Contact Info: _____

REPORT INCIDENTS PROMPTLY TO: SHEILA RINEHART

Twin Falls School District No. 411, Risk Management, 201 Main Avenue West, Twin Falls, Idaho 83301

PHONE: (208) 732-7515 FAX: (208) 733-8474 E-Mail: rinehartsh@tfsd.org