

WASHOE COUNTY SCHOOL DISTRICT

PERSONAL INJURY AND PROPERTY LOSS/DAMAGE REPORT

INSTRUCTIONS: USE THIS FOR:

Personal Injury to a NON-District Employee/Student;

Damage to property of others;

Damage or loss to District Property,

\*\*\*\*FORMS NOT FULLY COMPLETED WILL BE RETURNED\*\*\*\*

PLEASE CHECK ONE: INFORMATION ONLY \_\_\_\_\_ FILING CLAIM FOR REPAIR/REPLACEMENT \_\_\_\_\_

DEPARTMENT/SCHOOL \_\_\_\_\_ DATE OF INCIDENT \_\_\_\_\_

POLICE CASE NUMBER: \_\_\_\_\_ LOCATION OF LOSS \_\_\_\_\_

PROPERTY DAMAGE/LOSS: (INCLUDE DAMAGE/LOSS TO DISTRICT PROPERTY OTHER THAN VEHICLES)

OWNER'S NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DESCRIBE PROPERTY (INCLUDE SERIAL NO.& WCS D TAG NO.) ATTACH SEPARATE SHEET IF NECESSARY

DESCRIBE DAMAGE

\_\_\_\_\_ AMOUNT \_\_\_\_\_

PERSONAL INJURY: (EXCEPT DISTRICT EMPLOYEE OR STUDENT)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

NATURE/EXTENT OF INJURY \_\_\_\_\_

\*\*HOW DID DAMAGE/LOSS/INJURY OCCUR? (THIS ITEM MUST BE COMPLETED)

WITNESS: (PROVIDE ANY STATEMENTS ON SEPARATE SHEET OF PAPER)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ DATE \_\_\_\_\_

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