



Pajaro Valley Unified School District
 Risk Management
 294 Green Valley Road, Watsonville CA 95076
 Phone: (831) 786-2140
 Email: Veronica_Moran@pvusd.net

INCIDENT REPORT FORM

To be completed as fully as possible on the date of the incident (please use additional sheets as necessary).
 For an incident involving or witnessed by a student, a staff member should complete the form on their behalf.
 However, *completion of this form should come before any discussion between one witness and another.*

SCHOOL/SITE _____ **Building/Room #(s):** _____

TYPE OF INCIDENT

Disturbance Incident involving threats/violence Break-in Property Loss (list on page 2)
 Other (specify) _____

DATE OF INCIDENT (estimate if unknown): _____ AM PM
Month/Day/Year Day of Week Approximate Time

DATE OF DISCOVERY (if applicable): _____ AM PM
Month/Day/Year Day of Week Approximate Time

DESCRIPTION OF INCIDENT Include what person was doing, events leading up to incident, any property damaged, any injury suffered, how sustained, treatment received, given by whom, etc.

Attach additional pages as needed; **take pictures and include with report** if possible.

STAFF MEMBER REPORTING INCIDENT

Name: _____ Position: _____
 Work Site/Dept _____ Phone: _____

OTHER PERSON(S) INVOLVED IN INCIDENT

1) Name: _____ Phone: _____
 Staff Student Other: _____ Position or Student's Class: _____
 Involvement: Supervisor Witness (attach statement) Victim Perpetrator Other: _____
 Work Site or Address: _____

2) Name: _____ Phone: _____
 Staff Student Other: _____ Position or Student's Class: _____
 Involvement: Supervisor Witness (attach statement) Victim Perpetrator Other: _____
 Work Site or Address: _____

3) Name: _____ Phone: _____
 Staff Student Other: _____ Position or Student's Class: _____
 Involvement: Supervisor Witness (attach statement) Victim Perpetrator Other: _____
 Work Site or Address: _____

4) Name: _____ Phone: _____
 Staff Student Other: _____ Position or Student's Class: _____
 Involvement: Supervisor Witness (attach statement) Victim Perpetrator Other: _____
 Work Site or Address: _____

LOCATION of incident/area of break-in, loss, vandalism (attach sketch or photo as appropriate)

OUTCOME (e.g. parents contacted; person transported/removed from scene by/with whom; if simple incident in course of employment, what happened after the incident; etc.)

POLICE CALLED Yes No If yes: Case#: _____

Police Officer Name/Badge#: _____ Date _____

LIST DISTRICT PROPERTY that is missing or damaged (note: desktops include keyboards and mice, add monitors):

1) Description _____ PO# _____ PO Price \$ _____

Brand: _____ Model # _____ Serial # _____ District ID # _____

2) Description _____ PO# _____ PO Price \$ _____

Brand: _____ Model # _____ Serial # _____ District ID # _____

3) Description _____ PO# _____ PO Price \$ _____

Brand: _____ Model # _____ Serial # _____ District ID # _____

Attach additional pages as needed. Attach copy of original purchase order(s).

ACCOUNT NUMBER to which \$250 deductible per incident should be charged (computer/technology loss only)

____ - ____ - ____ - ____ - 4 4 0 0 - ____ - ____

INCIDENT ASSESSMENT

Suggest possible contributory factors:

Had any measures been taken/training given towards preventing an incident of this type occurring? Yes No
If so, what? Could they be improved? How?

What action could be taken to prevent/reduce recurrence?

Any other relevant information:

PRINCIPAL/DIRECTOR NAME: _____ **SIGNATURE:** _____

DATE : **RETURN** as soon as possible to Risk & Safety Office: Pony or email Veronica_Moran@pvusd.net

For Risk Management Use Only

Date Received: _____ IRF# RM13-

Police Report Requested Police Report Received IRF Sent to Purchasing Req Created PO Approved

IRF Returned to RM Claim Submitted to Keenan Claim Submitted to CHUBB Reimbursement Received

Date Complete: _____ INSURANCE CLAIM # _____