



Redwood Empire Schools' Insurance Group
Incident/Accident Report
 (NOT TO BE USED FOR WORKERS' COMPENSATION, STUDENT & AUTOMOBILE LOSSES)

TO BE COMPLETED IMMEDIATELY!

The school employee who witnesses or discovers the incident should complete this form. The report should immediately be forwarded to the principal or supervisor's office for signature and reporting to the superintendent and RESIG.

CONFIDENTIAL REPORT

This report is confidential and is intended to be sent to RESIG's claims administrator and district's legal counsel for use in recovering losses and/or defending litigation.

School District

Date

Incident Date

Place of Incident

Type of Loss: Arson Theft Vandalism Graffiti Injury Fire Water Cyber

Loss was reported to: Police Fire Dept Other Agency Report No.

Describe in detail how incident/accident occurred:

INJURED PARTIES	
Name	
Address	
Phone	
Role	
Name	
Address	
Phone	
Role	

WITNESSES	
Name	
Address	
Phone	
Role	
Name	
Address	
Phone	
Role	

Has the condition been repaired? Yes No

Comments:

Name/Title of Person Preparing Report

Signature

Title

Telephone Number

Date

SUPERINTENDENT: Upon receipt, forward original to **studentacc@resig.org**. Maintain second copy in your files.