

LEANDER ISD INCIDENT REPORT

Student/Visitor Injury Report or Property Damage/Loss Claims

*Do not use this form to report an employee's work related injury,
complete an "Employee's First Notice of Injury" for workers' compensation claim*

<i>PRINT</i>	<i>COMPLETE ALL SECTIONS</i>	<i>FACTS ONLY</i>
CAMPUS/DEPT: _____		DATE OF INCIDENT: _____
LISD Bus/vehicle #: _____		TIME OF INCIDENT: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

TYPE OF INCIDENT:

INCIDENT ONLY (No Damage or Injuries) <input type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	INJURY ONLY <input type="checkbox"/>
PROPERTY DAMAGE & INJURY <input type="checkbox"/>	PROPERTY STOLEN/LOST <input type="checkbox"/>	FATALITY <input type="checkbox"/>

NOTE: List all injuries and all property that is damaged or stolen on back of this form.

VEHICLE(S) INVOLVED Y or N LISD OWNED or OTHER: _____

NOTE: Must complete a Vehicle Accident Report

POLICE REPORT FILED: Y or N DEPARTMENT: _____

EMS CALLED: Y or N DEPARTMENT: _____

DESCRIPTION OF INCIDENT:

Name: _____ **Title:** _____ **Date:** _____

*After completing this form, email to **Rafaela.Galind@leanderisd.org** -Risk Management (Phone: 512-570-0135)
For 3rd party injuries or property loss – request the Texas Governmental Immunity Information*

List All Injuries

Employees' Injuries Must Be Reported On an "Employee's First Report Of Injury"

Name	Student or Visitor	Phone	Campus or Home Address

Witness 1: _____ **Address** _____ **Phone #:** _____

Witness 2: _____ **Address** _____ **Phone #:** _____

Any Immediate Actions Needed to Correct Hazard? Yes No **If Yes, Explain:**

List All Property Damaged or Stolen

Items Year/Make/Model/Serial #	Where Purchased Store and City	Date Purchased	Original Cost	Cost to Repair Or to Replace