



COAST UNIFIED SCHOOL DISTRICT

1350 Main Street • Cambria, California 93428

Tel 805-927-3880 • Fax 805-927-7105

Scott Smith, Superintendent

DISTRICT PROPERTY INCIDENT/DAMAGE REPORT

(CONFIDENTIAL INFORMATION NOT TO BE RELEASED TO OUTSIDE PARTIES)

Complete this form, print, sign and submit it to the site administrator no later than 10 days after the incident.

Today's Date:

Day of Incident:

Date of Incident:

Time of Incident:

Name of Person Involved in Incident:

Date of Birth:

Address:

City:

State:

Zip:

Person involved in the incident is a:

PH #:

☐ CUSD Employee ☐ Paid Coach ☐ Volunteer ☐ Student ☐ Non-Student Minor ☐ Adult

Site: Choose a site

Location on campus where incident occurred:

Was facility being used under an approved "Facility Use Request"? Yes No

If "No", did the incident occur during school hours? Yes No Was a vehicle involved? Yes No

If a vehicle was involved, please indicate the type of vehicle below:

☐ Personal Vehicle ☐ District Truck ☐ District Van ☐ School Bus ☐ Golf Cart ☐ Utility Cart

If the vehicle involved is a District-Owned vehicle, enter District vehicle I.D. Number:

Note: If a District-owned vehicle (bus, truck or van) was involved, a SISC Vehicle Accident Report must be submitted

If the vehicle involved is a privately-owned vehicle, enter: License Plate No.

State: CA

Describe (in detail) how the incident occurred: [Click here to enter text.](#)

Describe (in detail) the property damage sustained: [Click here to enter text.](#)

Was anyone injured? Yes No (If anyone was injured, record the requested information on page 2)

If a CUSD employee was injured, please fill out a S.I.P.E. Supervisor's Accident Investigation report and attach a copy of this form to the report.

Medical Response: Was Medical Attention Needed or Provided?

Please indicate the type of medical attention the injured received:

☐ Not Applicable ☐ On-Site First Aid Only ☐ 9-1-1 Called ☐ Injured transported by private vehicle

Please enter the information for all injured parties below. Use a separate sheet if needed.

<u>Name</u>	<u>Phone Number</u>	<u>Extent of Injuries</u>
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Fatal
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Fatal
		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Fatal

Witness Contact Information:

<u>Name</u>	<u>Home Phone Number</u>	<u>Cell Phone Number</u>
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Name of person in charge at time of incident: **Phone #:**

Name of person filling out this form: [Click here to enter name](#) Signature: _____

Supervisor/Administrator Signature: _____ Date: _____

District Safety Coordinator Signature: _____ Date: _____