



# Weslaco Independent School District

## Risk Management Department



Telephone (956) 969-6530  
Fax (956) 973-2500

319 West 4<sup>th</sup> Street  
P.O. Box 266  
Weslaco, TX 78599-0266

### **INITIAL ACCIDENT/INCIDENT REPORT**

*Use only for Property and General Liability Claim reporting*

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ A.M. / P.M.

Name of Person Filing Report: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Exact Address and Location of Incident/Damage: \_\_\_\_\_

Description of Incident/Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause of Incident/Damage: \_\_\_\_\_

\_\_\_\_\_

Police Notified: Yes ☐ No ☐ Police Report Number: \_\_\_\_\_

Emergency Medical Attention needed: Yes ☐ No ☐

Name of Witness (if any): \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Witness (if any): \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of person filing report \_\_\_\_\_ Date \_\_\_\_\_

Signature of person taking report \_\_\_\_\_ Date \_\_\_\_\_