This report is submitted to DES for the sole purpose of fulfilling the notification requirement in RCW 43.19.782. This report is not an admission of fault nor has any determination of fault been made. The information reported is a brief summary of known facts at this time and is subject to change.

|  |  |  |
| --- | --- | --- |
| **Date of report:**   | **Agency** | **Agency Incident Tracking Number**  |
|  |  |  |
| **Administration or Program:** | **Region:** |
|  |  |
| **Date of incident or loss:**  | **Location of event (City/County):**  |
|  |  |
| **Type of or loss (Check all that apply):** |
| [ ] [ ] [ ]  | **Death of a person****Serious injury to a person (i.e. overnight hospital stays; the temporary or permanent loss of the use of a body part; sexual assault, etc.)****Substantial loss** |
|  |  |
| **Name of person filling out this form:**  | **Telephone number(s):**  | **Email address:**  |
|  |  |  |
| **Briefly describe the event including any action or outcome that has taken place since the event occurred:**  |
|  |
| **Has the agency convened an internal review process?**  |[ ]  **Yes** |[ ]  **No** |[ ]  **Unknown** |
| **If yes, anticipated completion date:**  |   |
| **If no, reason for decision not to review?**  |   |
| **If unknown, expected decision date:**  |   |
|  |  |  |
| **Agency contact:**  | **Telephone number(s):**  | **Email address:**  |

**Please email completed form electronically to** DESRMIncidentReporting@des.wa.gov.