

**OFFICE OF FINANCIAL MANAGEMENT
LOSS HISTORY INCIDENT REPORT FORM**

This report is submitted to OFM for the sole purpose of fulfilling the notification requirement in RCW 43.41.370(4) as further described in the Guidelines for Reporting Incidents to OFM. 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:

Location of Event (City/County):

Date of Incident or Loss:

TYPE OF INCIDENT OR LOSS (Please check all that apply):

Death

Significant bodily injury (i.e. overnight hospital stays; the temporary loss – or the use of – a body part; sexual assault, etc.)

Substantial property loss (in excess of \$100,000)

Substantial loss related to agency policies or procedures OR management practices, particularly where it appears there is a risk the event may recur

Substantial loss related to litigation or defense practices

Person Filling Out Form:

Telephone Number:

E-Mail address:

Briefly describe the event including any action or outcome that has taken place since the incident has occurred:

Has agency convened an internal review process? Yes No Unknown

Agency Contact Person:

Telephone Number:

Email Address