

Incident Description:

Date _____ Time: _____ AM PM Weather Conditions: _____

Location of Incident (campus/building/off-site location):

Did the police investigate and make a report? YES NO If yes, which police department? _____

Describe in detail what the injured was doing and how the accident happened. _____

Injured Person (s) – if more than one person was injured, attach additional sheets:

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Visitor Student Other _____ Gender M F Marital Status _____

Birth Date _____ Age _____ Drivers License Number _____

Make/Model/Year & Color of Vehicle (if applicable) _____

License Plate Number _____

Drivers Insurance Information _____

Did the injured seek medical attention? YES NO – Attach a copy of Physician’s Instructions and provide Name and Address of doctor and/or hospital_____

Describe in detail nature and extent of injury/exposure (Specify location on the body-also note right or left) _____

Witnesses:

Name_____ Phone_____ Email_____

Address_____ City_____ State_____ Zip_____

Name_____ Phone_____ Email_____

Address_____ City_____ State_____ Zip_____

Name_____ Phone_____ Email_____

Address_____ City_____ State_____ Zip_____

Person Completing Report:

Name_____ Date of Report_____ Dept._____

Phone_____ Email_____

Preparer’s Signature_____

Use this form to report injuries or property damage sustained by visitors, students or the general public alleged to have been caused by the University or occurring on University property or during a University activity or event.

Do not use this form to report employee injuries.

Email or fax this form to Risk Management within 48 hours of the incident.