

Incident Description:

Date: _____

Weather Conditions: _____

Time: _____

Employee Name: _____

Location (Campus/Off-Site/Nearest Address) _____

Did the Police investigate and Make a report? Yes No

Was a citation issued? Yes No

If yes, Which Police Department? _____

Report # _____

Police Officer's Name and Badge #: _____

Describe in detail how the accident happened. _____

Injured Person(s):

Where there injuries due to the accident? Yes No

Injured Person #1 - If more than one injury, use an additional sheet of paper.

Name _____ Phone _____

Email _____

Address _____ City _____

State _____ Zip _____

Visitor Student Other Birth Date _____

Age _____ Male Female

Drivers License Number _____

Is the a company vehicle? Yes No

Make/Model/Year & Color of Vehicle _____

State & License Plate Number _____

VIN #: _____

Drivers Insurance Company _____

Policy _____

Effective Dates _____

Agent & Phone # _____

Did the injured seek medical attention: Yes No

Drug & Alcohol Test? 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 _____ 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.*