



**INCIDENT/ ACCIDENT REPORT**  
**University Related Injury, Illness or Damage**  
**(Other than Motor Vehicle)**

**This report should be completed and sent to the Office of Risk Management within 48 hours of the incident. Attach any photos, maps, additional pages or diagrams. (Risk Management is located in Salazar, Administration & Finance Suite)**

Incident Date:	Police Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Location:	Time:
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**INJURED PARTY/ PERSON INFORMATION**

Injured Party's Name (Last, First, M.I.):	Birth Date:	Driver's License #:
Injured Party's Mailing Address (Street, City, State, Zip):	Home Phone Number: (    )	Work Phone Number: (    )
Nature and Extent of Apparent/ Claimed Injury (Describe Incident – Please include observations of weather and ground conditions, environment and injured party's apparel/ shoes):		

**PROPERTY DAMAGE/ LOSS INFORMATION**

Property Owner's Name (Last, First, M.I.):	Home Phone Number: (    )	Work Phone Number: (    )
Property Owner's Mailing Address (Street, City, State, Zip):		
List Property Damaged:		
Describe the Extent of the Damage/ Loss:		

University Employees are to report work-related injuries to their supervisor immediately, or as soon as possible.



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**DETAILS**

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Describe Specific Location of the Incident (If Needed Attach Maps and Mark Location):
Describe Any First Aid Administered and Who Administered it, if Applicable:
Was Injured Person a Student, Visitor, Instructor, Staff Member, Etc.?
Was This a Class, Lab, Field Trip, Free Time, Lecture (Please Provide Specific Details):
Describe Any Conditions or Other Pertinent Factors You Observed That Have Not Already Been Noted:
Were Photographs taken? <input type="checkbox"/> YES <input type="checkbox"/> NO   If "yes," by whom:

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**WITNESS INFORMATION**

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1. Witness Name (Last, First, M.I.):	Home Phone Number:	Work Phone Number:
	(   )	(   )
Address (Street, City, State, Zip):		
2. Witness Name (Last, First, M.I.):	Home Phone Number:	Work Phone Number:
	(   )	(   )
Address (Street, City, State, Zip):		
Reporting Campus Office, Department, Program Name:		
Reporting Employee's Name:	Telephone Number:	
	(   )	
Reporting Employee's Signature:	Position/ Title:	
Reporting Employee's Supervisor's Name and Title:	Telephone Number:	
	(   )	

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