



## INCIDENT REPORT

Print and complete this form to report any non-auto related incident resulting in potential bodily injury, property damage, and/or loss or theft of University property.\* **Send the completed form within 48 hours of the incident to Campus Risk Management either by Email, facsimile, Campus or U.S. Mail.** Please contact your campus Risk Management representative if you have questions about this form.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employee/Department Name: \_\_\_\_\_  Student  Visitor  Other \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location \_\_\_\_\_

Describe Incident

Was anyone injured or anything damaged? If yes, please describe

Witnesses (Include name, address, phone and relationship)

Did police, security, fire or other emergency agencies respond? If yes, please explain.

Other Comments

Your Signature \_\_\_\_\_ Date \_\_\_\_\_