ACCIDENT/INCIDENT REPORT FORM

Name: (Last) ___________________ (First) ___________________ (M.I.) ____________

Address: ___________________ City: ___________ State: _____ Zip Code: ______

Home Phone: __________________________

University Address: ___________________________ Ext. _________

At time of incident (please check one):

☐ U.C. Employee  ☐ Working Student  ☐ Non-Working Student  ☐ Contracted Employee  ☐ Visitor

Date of Accident/Incident: _______________ Time of Accident/Incident: _______________

Date Campus Safety Notified: _______________ Time Campus Safety Notified: _______________

Did injured seek medical attention: ☐ YES ☐ NO  If Yes where:

__________________________________________
DESCRIPTION OF THE ACCIDENT/INCIDENT (Be sure to include in the description):

- Footwear apparel
- Photos taken
- Location (bldg. Inside/Outside)
- If outside; weather
- Surface conditions
- Equipment involved
- Pre-existing medical condition
- Safety Equipment (was it present/being used)
- What was the injured doing at the time of the accident/incident?

Were there any witnesses ☐ YES ☐ NO

If yes, please supply name, address and phone number of witnesses:

Name: ___________________________ Address: ___________________________ Phone: _______________

__________________________ ___________________________ __________________________

Officer’s Signature Print Name Date

(Completed copy to Campus Safety) Rev: HR 1/26/2024