



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

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