

# UNIVERSITY OF UTAH INCIDENT/ACCIDENT REPORT

**INSTRUCTIONS:**

1. This form should be completed by **University Personnel** whenever anyone is involved in an incident which could have/did result in personal injury or property loss, except for occupational or automobile related accidents. **DO NOT** issue a blank form to injured persons to complete and return.
2. Requests for a copy of the completed form should be directed to the University Risk Manager at 581-5590. All requests are subject to approval.
3. Keep a copy for your records and submit a completed form to Risk & Insurance Management, 110 Park Building, by fax (581-7541) or by clicking send above.

### GENERAL INFORMATION

1. Injured Person or Property Owner		2. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	3. Age
4. Address			
5. Home Telephone	6. Work Telephone	7. <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor	
8. Date and time of loss/accident			
9. Exact location of loss/accident			
10. Witness Name	11. Phone Number	12. Other Phone Number	

### INCIDENT OR ACCIDENT

13. How did the incident/accident occur? Describe fully the events; give details on all facts that led to the accident or injury. Identify the individual(s) who may have caused or contributed to the injury.		
14. Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Name of Police Agency	16. Case Number
17. Apparent nature of injury	18. Part(s) of body injured	
19. Describe immediate action taken		
20. By Whom		
21. Explain any first-aid given		
22. By Whom		
23. Method of transportation		
24. Attending Physician	25. Hospital	

### PROPERTY DAMAGE OR THEFT

26. Exact description of loss			
27. Describe property in detail			
28. Approximate dollar value \$	29. Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Name of Police Agency	31. Case Number
32. First noticed by whom		33. Phone Number	

### ADDITIONAL INFORMATION

34. Person completing report	35. University Department
36. Phone Number	37. E-mail Address
38. Area Supervisor	39. Phone Number
41. Additional Comments or Information	
42. <input type="checkbox"/> I attest that the information given here is accurate to the best of my knowledge.	