

INCIDENT REPORT
 (Other than Motor Vehicle)

This report should be completed and distributed within 48 hours of the incident. Attach any photos or diagrams.

CONFIDENTIAL~~ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the Corporation, university or employees. Under no circumstances should this information be given to anyone except authorized Corporation or university officials.

INCIDENT DATE	LOCATION (Describe specific location on reverse)	TIME
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INJURED PARTY INFORMATION

INJURED PARTY'S NAME (Last, First, M.I.)	BIRTH DATE	DRIVER'S LICENSE NUMBER
INJURED PARTY'S MAILING ADDRESS (Street, City, State, Zip)	HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()
NATURE AND EXTENT OF APPARENT/CLAIMED INJURY (Describe incident in detail on reverse)		

PHOTOGRAPHS TAKEN	IF YES, BY WHOM	FIRST AID GIVEN	IF YES, BY WHOM
YES NO		YES NO	

PROPERTY DAMAGE/LOSS INFORMATION

PROPERTY OWNER'S NAME (Last, First, M.I.)	HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()
PROPERTY OWNER'S MAILING ADDRESS (Street, City, State, Zip)		
NATURE AND EXTENT OF DAMAGE/LOSS (Describe in detail on reverse of this page)		

WITNESS INFORMATION

NAME (Last, First, M.I.)	ADDRESS (Street, City, State, Zip)	TELEPHONE NUMBER
1.	WORK	
	HOME	
DRIVER'S LICENSE NUMBER:		
2.	WORK	
	HOME	
DRIVER'S LICENSE NUMBER:		
3.	WORK	
	HOME	
DRIVER'S LICENSE NUMBER:		

REPORTING AGENCY NAME	
REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)	TELEPHONE NUMBER ()
REPORTING EMPLOYEE'S SIGNATURE	
REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)	TELEPHONE NUMBER ()

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USE ADDITIONAL SHEETS AS NECESSARY

DESCRIBE SPECIFIC LOCATION OF THE INCIDENT

DESCRIBE THE INCIDENT IN DETAIL