This report is to be completed immediately following any incident whether or not resulting in personal injury or the potential of personal injury, or property damage. The completed Incident/Injury/Property Damage Report Form is to be signed and delivered immediately to the Assistant to V.P. of Administration and Business Affairs and a duplicate to the Office of Campus Security.

### INFORMATION:
- **Last Name**: 
- **First Name**: 
- **MI**: 
- **Date of Birth**: 
- **Age**: 
- **Street**: 
- **City**: 
- **State**: 
- **Zip Code**: 
- **TelephoneNumber**: 

### IF EMPLOYEE JOB TITLE:
- [ ] Male  
- [ ] Female  
- [ ] Student  
- [ ] Staff  
- [ ] Visitor  
- [ ] Other

### INCIDENT/INJURY/EXPOSURE INFORMATION
- **Date of Incident**: / /  
- **Time of Incident**: AM/PM  
- **Location/Building #/etc.**:  
- **City**:  
- **State**:  
- **Zip Code**:  
- **TelephoneNumber**: 

- **Disposition**:
  - [ ] Refusal of Care  
  - [ ] Medical Attention  
  - [ ] Ambulance  
  - [ ] Authorities/Police  
  - [ ] Other  
  - [ ] Simple First Aid Administered:

- **Was the injured treated in the Emergency Room?**  
  - [ ] Yes  
  - [ ] No

- **Emergency Room Address**:  

- **Name and address of physician/health care professional, if seen.**  
  (If unknown at time, submit to business office after visit.)

- **What was the injury or illness? Please specify i.e., scraped right knee, smashed left finger on right hand. Be specific.**

- **How did the incident occur?**

- **What was the injured person doing when the incident occurred?**

- **Was property damaged as a result of incident?**  
  - [ ] Yes  
  - [ ] No  
  - **Describe:**

### Please Attach Additional Information Sheet If Needed:
- **Date of Report**: / /  
- **Signature**: 

### Attachments?
- [ ] Yes  
- [ ] No

### Signature of person reporting if injured party is unable to sign:

### Printed Name:

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**For Business Office Use Only:**

- **Date Received**: / /  
- **Signature**: 

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