



LEWIS-CLARK STATE COLLEGE

Accident/Loss/Safety Hazard Report (This is not a claims form)

Today's Date: _____

Person Reporting Accident: _____

Telephone Number: _____

Address: _____

Other Person(s) Involved: _____

Date/Time of Accident: _____

Type of Accident: ___ Auto ___ Personal Injury ___ Other

Person Involved: ___ Faculty/Staff ___ Student ___ Visitor to Campus

Place or Location: _____

Describe location area of accident/loss/safety hazard: _____

Weather conditions at the time of incident: _____

Describe the accident/loss/or incident: _____

Estimated value: \$ _____

Injured:

Name: _____ Phone: _____

Address: _____

Extent of injuries: _____

Name: _____ Phone: _____

Address: _____

Extent of injuries: _____



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Witnesses:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Other Pertinent Information: (attach additional sheets if necessary)

Was the accident/loss or safety hazard preventable or unpreventable, in your opinion? _____

Explain:

Underlying causes: _____

Potential Severity: _____

Recommendation: _____

Action Taken: _____

Follow-up by person making this report: Date: _____ Time: _____

Signature of person making report

Department (if applicable)

Date

Copy of this report sent to:

Return completed report to the Office of Administrative Services

Page 2 of 2