



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: _____



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