



**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**