

Snow College

Risk Management tracking # _____

ACCIDENT-INJURY-INCIDENT REPORT-DAMAGE ASSESSMENT

Turn this completed form into your supervisor, A COPY TO BE SENT TO RISK MANAGEMENT #1044 CAMPUS MAIL

Date of incident: _____ Location of incident: _____
Time of incident: _____ Weather conditions at time of incident: _____

Offense, Incident or accident description: _____

Name of Club or College activity involved: _____

Person reporting incident: _____ Address: _____
Phone(s): _____, _____ Date of Birth: _____

(List others involved, if known/Outline how involved in the detail section)

Person #1: _____ Address: _____ Phone: _____ DOB: _____

Person #2: _____ Address: _____ Phone: _____ DOB: _____

Person #3: _____ Address: _____ Phone: _____ DOB: _____

(List others involved on the back of this form, if known)

Vehicle involved: _____ If so, Owner-Plate #-Make: _____

Property involved: _____ If so, was it: (Stolen) (Recovered Stolen) (Found Property)
(Damaged) (Evidence) (Unknown)

Property description: _____

Details of accident, incident, damage or problem: **(Please indicate of those involved are <FT employees>**
<PT employees> <Student employees> <College students> <High School Students>) _____

_____ *(use additional paper if needed)*

Supervisor or Club Advisor Notified: _____, if yes, their name: _____, Phone # _____

Medical attention: If yes by whom: _____

If this incident involves a college employee at any level, is a "Workers Comp Form" attached: _____

Police Notified: _____ Who: _____

Police Case Number: _____ Date Incident reported: _____

This Report Made By: _____

Comments/Requests/Safety Concerns: _____
