PennState

INCIDENT FORM

Office of Risk Management - 103 Rider Building - 227 W. Beaver Ave. - State College, PA 16801
(814) 863-5539 FAX (814) 865-4029

DO NOT use this form for Workers' Compensation or automobile accident claims.

TIME & PLACE OF ACCIDENT/ INCIDENT	Date:_____ Time:_____ Location:_____ City:_____ State:_____ Zip Code:_____
PROPERTY DAMAGE	Owner:_____ Phone #:_____ Address:_____ City:_____ State:_____ Zip Code:_____ Email Address:_____
INJURED PERSON	Name:_____ Age:_____ Address:_____ City:_____ State:_____ Zip Code:_____ Email Address:_____ Occupation:_____ Nature of Injury:_____ Injured taken to:_____

WITNESSES	NAME:	ADDRESS:	PHONE #:

FACTORS	Premises: Select Answer Surface: Select Answer Lighting: Select Answer
DESCRIBE INCIDENT FACTS IN DETAIL **USE A SEPARATE SHEET OF PAPER IF NECESSARY**	

Students Only: I hereby grant authorization to The Pennsylvania State University to release this Incident Form to its insurance carrier(s) if warranted for their use in evaluating a claim.

Signature: _____ **Date:** _____

Report Taken By: _____ **Date:** _____

Completed form must be forwarded immediately to Claims Supervisor, Office of Risk Management.