

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.

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|---|--|----------|----------|
| 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: <input type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> snow covered <input type="checkbox"/> icy <input type="checkbox"/> other: _____ Surface: <input type="checkbox"/> concrete <input type="checkbox"/> asphalt <input type="checkbox"/> metal <input type="checkbox"/> carpet <input type="checkbox"/> tile <input type="checkbox"/> other: _____ Lighting: <input type="checkbox"/> indoor - on <input type="checkbox"/> indoor - off <input type="checkbox"/> outdoor - sunny <input type="checkbox"/> outdoor - overcast <input type="checkbox"/> other: _____ | | |
| 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 Risk Management Claims Supervisor.