

INCIDENT FORM

Office of Risk Management - 208 Old Main, University Park, PA 16802
(814) 863-1852

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

TIME & PLACE OF ACCIDENT/ INCIDENT	Date: _____ Time: _____ Location: _____		
	City: _____		State: _____ Zip Code: _____
	Campus: _____		
PROPERTY DAMAGE	Owner: _____ Phone #: _____		
	Address: _____		
	City: _____		State: _____ Zip Code: _____
	Email Address: _____		
	Description of Damages: _____		
INJURED PERSON	Name: _____		Age: _____
	Address: _____		
	City: _____		State: _____ Zip Code: _____
	Email Address: _____		Phone #: _____
	Occupation: _____		Nature of Injury: _____
	Injured taken to: _____		
WITNESSES	NAME:	ADDRESS:	PHONE #:
	_____	_____	_____
	_____	_____	_____
FACTORS	Premises: _____		
	Surface: _____		
	Lighting: _____		
DESCRIBE INCIDENT FACTS IN DETAIL			
<small>USE A SEPARATE SHEET OF PAPER IF NECESSARY</small>			

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 psuclaims@psu.edu