

INCIDENT FORM

Office of Risk Management - 300 Science Park Rd. Ste 213, State College, PA 16803
(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