



## INCIDENT FORM

Risk Management Office - 103 Rider Building - 227 W. Beaver Ave. - State College, PA 16801

(814) 865-6307 FAX (814) 865-4029

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

<b>TIME &amp; PLACE OF ACCIDENT/ INCIDENT</b>	Date: _____ Time: _____ Location: _____		
	City: _____ State: _____ Zip: _____		
<b>PROPERTY DAMAGE</b>	Owner: _____ Phone: _____		
	Address: _____		
	City: _____ State: _____ Zip: _____		
<b>INJURED PERSON</b>	Name: _____ Age: _____		
	Address: _____ Phone: _____		
	City: _____ State: _____ Zip: _____		
	Occupation: _____ Nature of Injury: _____		
	Injured taken to: _____		
<b>WITNESS</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
	_____	_____	_____
	_____	_____	_____
<b>FACTORS</b>	Premises: dry wet snow covered icy other: _____		
	Surface: concrete asphalt metal carpet tile other: _____		
	Lighting: indoor ( on or off ) outdoor ( sunny or overcast )		
	other: _____		
<b>DESCRIBE INCIDENT FACTS IN DETAIL</b>			
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. I understand that I am entitled to a copy of this Form upon request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Report Taken By: \_\_\_\_\_

Date: \_\_\_\_\_