

CLEMSON UNIVERSITY RISK MANAGEMENT INCIDENT/ACCIDENT FORM

To be completed for incidents involving injury or potential injury to employees, attendees, visitors and/or general public.

Name of injured person _____ Date of Birth _____

Home Address _____

Home Phone _____ Work Phone _____

Details of Incident/Accident

Incident Date _____ Time _____ am/pm Location _____

Description of what happened _____

Report what you think contributed to the incident/accident _____

Was injured party taken to hospital or doctor? Yes ___ No ___

If yes, name of facility _____

How injured-party was transported _____

Type of injury (ex: cut, puncture, burn, slip & fall) _____

State body part injured _____ Right _____ Left _____

Witness to incident/accident - Name _____

Address _____ Phone _____

Reported to security/police: Yes ___ No ___ Officer's Name _____

Name of Police Department responding _____

(Attach copy of police report to this form)

Report prepared by _____	Phone _____	Date _____
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**Forward to Risk Management, E-306 Martin Hall, Clemson, S. C. 29634-5339
Fax (864) 656-4558, Phone (864) 656-3354**