



# INCIDENT AND/OR PROPERTY DAMAGE REPORT

This form is to be completed when a non-employee is involved in an incident/accident and/or property damage occurs at an A.S. event or within an A.S. facility. Please forward completed form to Human Resources Assistant Director.

## Section 1 – Nature of Incident Information

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  AM  PM Department \_\_\_\_\_

Activity/Program \_\_\_\_\_

Specific site of incident \_\_\_\_\_

### Personal Injury

- Employee/volunteer: Complete Workers' Compensation paperwork
- Non-Employee: Complete Non-Employee Injury Report
- N/A

## Section 2 – Description of Incident *(Describe incident, how did it occur, who/what was involved, etc. Provide only factual accounts and/or observations.)*

## Section 3 – A.S. Property Damage *(if applicable)*

- |   |   |
|---|---|
| <input type="checkbox"/> Equipment                                      | <input type="checkbox"/> Vessel: CF# _____            |
| <input type="checkbox"/> Structural (i.e. building, windows)            | Year _____ Make _____ Model _____                     |
| <input type="checkbox"/> Furnishings (i.e. chair, mirror, file cabinet) | Owner _____   |
| <input type="checkbox"/> Other _____                                    | # of Occupants involved _____                         |
|   | <input type="checkbox"/> Vehicle: License Plate _____ |
|   | Year _____ Make _____ Model _____                     |
|   | Owner _____   |

# INCIDENT AND/OR PROPERTY REPORT (Cont.)

## Section 4 – Non-A.S. Property Damage

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Description of property:

## Section 5 – Witnesses *(if applicable – Please list witness contact information below. Should witnesses be able to provide a written statement, please attach on a separate page. No form or special format required.)*

### Employee Witnesses

Name \_\_\_\_\_

Title \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

### Non-Employee Witnesses *(if applicable)*

Name (First & Last) \_\_\_\_\_

Phone Number \_\_\_\_\_

Name (First & Last) \_\_\_\_\_

Phone Number \_\_\_\_\_

## Section 6 – Special Remarks *(If applicable, provide additional information regarding the injury/illness that you believe is important.)*

## Section 7 – Follow Up *(This section is to be completed by the Supervisor and/or Director/Associate/Assistant Director.)*

Prepared by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Once completed, submit the form to your supervisor for review and processing.**

Supervisory review by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Director/Associate/Assistant Director review \_\_\_\_\_ Date \_\_\_\_\_

*Please send completed form to the Human Resources Assistant Director.*