



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.