NON-EMPLOYEE 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 & Risk Manager.

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)

□ Equipment
□ Structural (i.e. building, windows)
□ Furnishings (i.e. chair, mirror, file cabinet)
□ Other

□ Vessel: CF# ____________________________
Year __________ Make__________________ Model __________
Owner _________________________________________________
# of Occupants involved __________________________

□ Vehicle: License Plate ____________________________
Year __________ Make__________________ Model __________
Owner _________________________________________________
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.)

<table>
<thead>
<tr>
<th>Employee Witnesses</th>
<th>Non-Employee Witnesses (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ___________________________</td>
<td>Name (First &amp; Last) ___________________________</td>
</tr>
<tr>
<td>Title __________________________</td>
<td>Phone Number ___________________________</td>
</tr>
<tr>
<td>Name __________________________</td>
<td>Name (First &amp; Last) ___________________________</td>
</tr>
<tr>
<td>Title __________________________</td>
<td>Phone Number ___________________________</td>
</tr>
</tbody>
</table>

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/Assistant Director.)

Prepared by ___________________________ Title ___________________________ Date ____________

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

Supervisory review by ___________________________ Title ___________________________ Date ____________
Director/Assistant Director review ___________________________ Date ____________

Please send completed form to the Human Resources & Risk Manager