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 department.

### Section 1 – Nature of Incident Information

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time</th>
<th>AM</th>
<th>PM</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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 ________________________________________
NON-EMPLOYEE INJURY 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.)

<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 department.*