# 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

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time</th>
<th>Department</th>
</tr>
</thead>
</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# ____________________________________________________________

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
</tr>
</thead>
</table>

  Owner: _________________________________________________________________

  # of Occupants involved: ________________________________

- [ ] Vehicle: License Plate ____________________________________________

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
</tr>
</thead>
</table>

  Owner: _________________________________________________________________

- [ ] Vessel: CF# ____________________________________________________________

<table>
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<tr>
<th>Year</th>
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<th>Model</th>
</tr>
</thead>
</table>

  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