

UVM POLICIES, PROCEDURES, & GUIDELINES DEPARTMENT of RISK MANAGEMENT
Incident Report

Please be as accurate as possible. We encourage reporting of all incidents.

Please circle one: STUDENT NON-AFFILIATE STAFF FACULTY

Date: _____ Time of accident: _____

Name of person reporting incident: _____

Street Address _____

City _____ State _____ Phone #: _____

Bodily Injury (If any): _____

Location of accident: _____

Name(s) of Person(s) injured: _____

Describe exactly what happened: _____

Emergency medical treatment given? Yes No

To Whom? _____ By whom? _____

Describe procedure(s): _____

Person(s) taken to hospital? Yes No Name(s): _____

Name of hospital: _____

Were police called to the scene? Yes No

Name of police department and officer: _____

Property Damage (including damage to another's vehicle):

Type of property: _____

Location of property: _____

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Property owner's Name: _____

Street Address: _____

City _____ State _____ Phone #: _____

Nature and circumstances of damage:

Cost to repair: \$ _____

Were police notified? ____ Yes ____ No

Name of officer and police department: _____

Witnesses names and addresses:

Signature of UVM manager or supervisor in charge

Date

Send a copy of this report within 72 hours of incident to:

Department of Risk Management
McAuley Hall, Trinity Campus
250 Colchester Avenue, Ste 115
Burlington, VT 05405
802-656-3242 T 656-8682 F