

Friends University Property Incident Report Form

For Documentation Purposes

Section 1: General Information

Name of Individual Involved: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Email Address: _____

Affiliation with the University:

- Student
- Faculty
- Staff
- Visitor

Section 2: Incident Details

Date of Incident (MM/DD/YYYY): _____

Time of Incident (HH: MM AM/PM): _____

Location of Incident: _____

Description of the Incident:

Were there any witnesses? Yes No

If Yes, Provide Witness Information:

Name: _____ Contact Info: _____

Section 3: Injuries Sustained

Describe Any Injuries:

Was Medical Assistance Required? Yes No

Was EMS Called? Yes No

If EMS Was Called, Was It Refused? Yes No

Details of Refused EMS:

Describe Medical Assistance Provided (if applicable):

Section 4: Property Damage (If Applicable)

Was Any Property Damaged? Yes No

If Yes, Describe the Damage:

Section 5: Additional Information

Were Photos Taken of the Scene? Yes No

Attach Any Supporting Documents:

Photos

Medical Reports

Other (specify): _____

Section 6: Signature

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature of Individual Involved: _____

Date: _____

Section 7: Information of the Person Taking the Report

Name of Person Taking the Report: _____

Title/Position: _____

Date Report Taken (MM/DD/YYYY): _____

Signature: _____

Section 8: For Internal Use Only

Reviewed By: _____

Date Reviewed: _____

Action Taken:
