



ACCIDENT/INCIDENT REPORT

Internal use only
Clery ____ Non-Clery ____

Date: _____ Type of Incident: _____

Location: _____

Date Occurred: _____ Time of Occurrence: _____ (a.m. or p.m.)

Describe accident/incident in detail including: items, vehicles, places, etc.; Get names, addresses, phone numbers, license plate/VIN numbers, etc. of all parties involved; attach a police report if called.)

Narrative: (Continue on back if needed.)

VICTIM INFORMATION

Name: _____ DOB: _____ Phone: _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

Student ID# _____

WITNESS INFORMATION

NAME: _____ DOB: _____ Phone: _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

Student ID# _____

ACCIDENT/INCIDENT REPORTED BY:

Name: _____ DOB: _____ Phone: _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

Was a Police Report Filed? Yes ___ No ___ If yes, who was responding Deputy? _____

Was ambulance or medical attention required? Yes ___ No ___ **Date Supervisor notified (required)** _____

Submit the original to the Safety/Security Administrator (Billy Barber) who is responsible for distributing the final report to appropriate personnel.

