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|  | **INCIDENT/INJURY REPORT FORM** | The Texas A&M University System  System Risk Management  301 Tarrow St. 5th Floor  College Station, Texas 77840  Campus Mail Stop 1262  Phone Number: (979) 458-6330  Fax Number: (979) 458-6247 |

**Please PRINT or TYPE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TIME**  **& PLACE** | | **Date/Time of Incident** | | | | | | | | | | | | | | **Location: Street, City, Building, Room No. (Be specific)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PREMISES**  **CONDITION** | | **Type of Premises** | | | | | | | | | | | | | | | | | | | | **Conditions** | | | | | | | | | | | | | | | | | | | **Police Report** | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Which Agency:** | | | | | | | | | | | | | | |
|  | |  | | | Construction Site | | | | | |  | | | Parking Lot | | | | | | | |  | | Dry | | | | |  | | Uneven Surface | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | |  | | | Hallway | | | | | |  | | | Sidewalk | | | | | | | |  | | Icy | | | | |  | | Other: | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | |  | | | Lobby/Entrance | | | | | |  | | | Stairway | | | | | | | |  | | Snowy | | | | |  | |  | | | | | | | | | | **Report #** | | | | | |  | | | | | | | | |
|  | |  | | | Office | | | | | |  | | | Street | | | | | | | |  | | Wet | | | | |  | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |
|  | |  | | | Other: | | | | | |  | | |  | | | |  | |  | |  | | | | | | | | | | | | |  | | | | | |  | | | | |  | **Not Reported** | | | | | | | | |
|  | |  | |  | | | |  | |  | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | |  | |  | | | | | | |  | | | |  | |
| **INCIDENT**  **DESCRIPTION** | | **Describe What Happened *(Use additional sheet if necessary)*:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **INJURED**  **PERSON** | | **Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Age** | | | | | | **Phone No.** | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | **Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Social Security Number:** | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **DESCRIPTION**  **OF INJURY**  **&**  **MEDICAL TREATMENT** | | **Injury - *Describe the type, severity, and body part involved*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Was Medical Treatment Given?** | | | | | | | | | | | | | | | | |  | | **Yes** | | | |  | | **No** | | |  | | | | **Will seek treatment later** | | | | | | | | | | | | | | |  | | |  | | | |
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|  | | **Name of Medical Facility/Doctor** | | | | | | | | | | | | | | | | | | | | | | |  | | **Transported by Ambulance** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | **Transported by Other:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
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| **PROPERTY**  **DAMAGE** | | **Owner’s Name** | | | | | | | | | | | | | | | | | | | **Address** | | | | | | | | | | | | | | | | | | | | | **Phone #** | | | | | | | | | | | | | |
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|  | | **Describe the property and the damage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WITNESSES**  Give the Full Name and Address of Each  Witness | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | **Name** | | | | | | | | | | | | | | | | | | | **Address** | | | | | | | | | | | | | | | | | | | | | | **Phone #** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Name/Title of the Employee** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |
| **completing this Report** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone #:** | | | | | | | | |  | | | | | | | | | | |
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| **System Member:** | | |  | | | | | | | | | | **Department:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Date:** | | | | | |  | | | | | | | | | |

**INSTRUCTIONS FOR COMPLETION OF INCIDENT/INJURY/PROPERTY DAMAGE REPORT**

1. ASSIST THE INDIVIDUAL AND CALL 911 IF EMERGENCY MEDICAL ASSISTANCE IS NEEDED.  
     
   REPORT ALL SERIOUS INJURIES AND SAFETY HAZARDS TO CAMPUS OR LOCAL POLICE   
   DEPARTMENT (if applicable) AND SYSTEM RISK MANAGEMENT
2. THE TAMUS EMPLOYEE INVOLVED IN, OBSERVING OR DISCOVERING THE   
   INJURY/PROPERTY DAMAGE IS RESPONSIBLE FOR COMPLETING THIS REPORT.  
     
   RELATE ONLY TO THE FACTS ON THIS FORM - DO NOT GIVE THIS FORM TO THE INJURED   
   PERSON TO COMPLETE.  
     
   DO NOT CONTACT THE INJURED PERSON LATER TO OBTAIN INFORMATION  
     
   BE OBSERVANT - ATTEMPT TO GET AS MUCH INFORMATION AS POSSIBLE AT THE TIME OF   
   THE INCIDENT.
3. DO NOT DISCUSS THE ACCIDENT WITH ANYONE - EXCEPT THE POLICE AUTHORITY AND   
   SYSTEM RISK MANAGEMENT  
     
   SYSTEM RISK MANAGEMENT WILL COORDINATE THE INVESTIGATION AND RESOLUTION   
   OF CLAIMS. REFER ALL QUESTIONS REGARDING STATUS OF CLAIMS TO ***SYSTEM RISK   
   MANAGEMENT***.
4. AFTER COMPLETION - FORWARD THIS FORM TO:

**System Risk Management  
 THE TEXAS A&M UNIVERSITY SYSTEM  
 301 Tarrow St. 5th Floor**

**COLLEGE STATION, TEXAS 77840  
 Campus Mailstop 1262  
 OR  
 FAX TO: (979) 458-6247  
 OR  
 EMAIL TO**: [rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)