|  |  |  |
| --- | --- | --- |
|  | **INCIDENT/INJURY REPORT FORM** | The Texas A&M University SystemSystem Risk Management301 Tarrow St. 5th FloorCollege Station, Texas 77840Campus Mail Stop 1262Phone Number: (979) 458-6330Fax Number: (979) 458-6247 |

**Please PRINT or TYPE**

|  |  |  |
| --- | --- | --- |
| **TIME****& PLACE** | **Date/Time of Incident** | **Location: Street, City, Building, Room No. (Be specific)** |
|  |       |       |
| **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)*:** |
|  |       |
| **INJURED****PERSON** | **Name** | **Age** | **Phone No.** |
|  |       |       |       |
|  | **Address** | **Social Security Number:** |
|  |       |       |
| **DESCRIPTION****OF INJURY****&****MEDICAL TREATMENT** | **Injury - *Describe the type, severity, and body part involved*** |
|  |       |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Was Medical Treatment Given?** |  | **Yes** | [ ]  | **No** | [ ]  | **Will seek treatment later** | [ ]  |  |
|  |  |
|  | **Name of Medical Facility/Doctor** | [ ]  | **Transported by Ambulance** |       |
|  |       | [ ]  | **Transported by Other:** |       |  |
|  |  |  |
| **PROPERTY****DAMAGE** | **Owner’s Name** | **Address** | **Phone #** |
|  |       |       |       |
|  | **Describe the property and the damage:** |
|  |       |
| **WITNESSES**Give the Full Name and Address of EachWitness |  |  |  |
|  | **Name** | **Address** | **Phone #** |
|  |       |  |  |
|  |       |  |  |
|  |       |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Name/Title of the Employee** |  |  |  |  |  |  |
| **completing this Report** |       | **Phone #:** |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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