



INCIDENT / INJURY REPORT

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

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