

FLORIDA ATLANTIC UNIVERSITY RISK MANAGEMENT
INCIDENT/ACCIDENT FORM

To be completed for incidents involving injury or potential injury to employees, attendees, visitors and/or general public.

Name of injured person _____ Date of Birth _____

Home Address _____

Home Phone _____ Work Phone _____

Details of Incident/Accident

Incident Date _____ Time _____ am/pm Location _____

Description of what happened _____

Report what you think contributed to the incident/accident _____

Was injured party taken to hospital or doctor? Yes ____ No ____

If yes, name of facility _____

How injured-party was transported _____

Type of injury (ex: cut, puncture, burn, slip & fall) _____

State body part injured _____ Right _____ Left _____

Witness to incident/accident? Yes _____ No _____

Name _____

Address _____ Phone _____

Reported to security/police: Yes _____ No _____ Officer's Name _____

Name of Police Department responding _____

(Attach copy of police report to this form)

Report prepared by _____	
Phone _____	Date _____

Forward to:
Department Risk Management

Florida Atlantic University
777 Glades Road
Boca Raton, FL 33431
561-297-2763