



INCIDENT REPORT FORM

Complete this form to report any non-auto related incident resulting in potential bodily injury, property damage and/or loss or theft of State or University property. **Send the completed form to Risk Management within 48 hours of the incident either by messenger mail, facsimile, or U.S. Mail.** Please contact Jim Simpson at **434.395.2093** or **simpsonje@longwood.edu** if you have questions about this form.

Via Messenger Mail
Risk Management Office
Bristow Hall, Room 218

Facsimile
434.395.2246

Via U.S. Mail
201 High Street
Bristow Hall, Room 218
Farmville, VA 23909

Time of incident: _____

Date of incident: _____

Specific location of incident (i.e., street, building, room, etc.) _____

Description of incident: Explain in detail the manner in which the incident or loss occurred. Please state the conditions present at the time of loss (i.e., weather, construction, cleaning, etc.). Use additional pages if necessary. _____

For cases involving potential bodily injury or damage to non-University property, give the name, address and phone number of the persons claiming injuries or damages: _____

Briefly describe the nature of the injury or damages: _____

Was medical treatment administered for the injury? Yes No

If so, what individual or organization provided medical treatment? _____

Is the injured party an employee of the University? Yes No

If "Yes" has the Workers' Compensation Manager in Human Resources been notified? Yes No

If "No" why was the injured party at the University? _____

Were there any witnesses to the injury? Yes No

If "Yes" provide their names, addresses and phone numbers. Please use the back of this sheet or attach additional pages if necessary. _____

If the loss is structural in nature or involves equipment, list items damaged or destroyed, an estimate of the replacement cost and a University asset number if applicable. _____

Were Longwood University Police notified? Yes No

If so, provide the date Police were notified: _____

Person reporting the incident:

Name: _____

Title: _____

Department: _____

Phone No: _____

E-mail Address: _____

Signature: _____

Date: _____