



## 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 within 48 hours of the incident to Risk Management either by Messenger mail, facsimile, or U.S. Mail.** Please contact Jim Simpson at **434.395.2093** or **jsimpson@longwood.edu** if you have questions about this form.

**Via Messenger Mail**

Dept. of Risk Management  
Bristow Building  
23909

**Facsimile**

434.395.2246

**Via U.S. Mail**

201 High Street  
Farmville, VA

Time of incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Specific location of incident (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 (e.g. weather, construction, cleaning). 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:

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Was medical treatment administered for the injury?      Yes      No

If so, what individual or organization provided medical treatment?

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In 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?

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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.

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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.

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Were Longwood University Police, notified?      Yes      No

If so, provide the date Police were notified: \_\_\_\_\_

Person reporting the incident:

\_\_\_\_\_

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_