



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
Risk and Insurance Services
1200 Carothers
Tallahassee, Florida 32306-4481
Phone: 850.644.6895 Fax: 850.644.8842 Web: www.safety.fsu.edu

INCIDENT REPORT

THE PURPOSE OF THIS REPORT is to provide information, which can be used in preventing similar accidents in the future; hence, every accidental injury severe enough to require first aid or medical treatment should be reported.

Personal Information

Name: (Last, First, Middle Initial) Address: Date and Time of Incident

Incident Information

Location of Incident:

Incident Description: *Describe fully the events and conditions including where the incident occurred, how it happened, exactly what you were doing when injured*

Property Damage: *If you wish to seek recovery for a loss associated with property damage, please see the Office of Risk and Insurance Services' website at www.safety.fsu.edu for additional instructions.*

Injuries Sustained: *Describe in detail any and all injuries sustained*

Law Enforcement Involvement: Yes No
Type: FSU Police Dept. Sheriff's Dept.
 TPD FHP
Report # (if available) _____

Medical Information *if treatment provided*

- First Aid only – not at hospital or by doctor
 Treatment at the University Health Center, Hospital or medical personnel
 Confinement at hospital or in residence
 Other (please specify) _____

Report Prepared by

Name (please print)

Signature

Date