



# Incident Report

This form is to be completed by a UR representative. Please type or print in ink all requested information. Return within 24 hours to Risk Management, Special Programs Building Room 101, or fax to (804) 287-6813. If you have any questions, please call (804) 289-8824.

## Injured Party / Property Owner Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

UR Affiliation at time of Incident  Student  Employee  Visitor  Other \_\_\_\_\_

Reason on Campus \_\_\_\_\_

## Incident Information

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_  AM  PM

Specific Location of Incident \_\_\_\_\_

Bodily Injury Body Part(s) \_\_\_\_\_

Property Damage Description of Property \_\_\_\_\_

Detailed Description of Incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Witnesses

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Completed By

Name \_\_\_\_\_ Department \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_