

Incident Report Form

Instructions

Use the Incident Report Form to report (1) exposures, injuries, and near misses involving non-University employees (students, visitors, etc.) who is engaged in University activities or on University property, (2) damage to University property, (3) a University-related event that results in damage to non-University property, or (4) auto accidents on University property that do not involve University employees or vehicles. See the Risk Management website for information about [Incident Reporting](#). **THE INCIDENT REPORT FORM IS A CONFIDENTIAL - ATTORNEY/CLIENT-PRIVILEGED DOCUMENT.** Do not share it with anyone except authorized University officials. Attach photos and diagrams. Submit the completed form to [Risk Management](#) as soon as possible.

Reporting Party's Information

Name: _____

Tele: _____ Date: _____ Email: _____

Department: _____ Title: _____

Incident Description

Date: _____ Time: _____

Location: _____

Category: Injury Property Damage Automobile Near Miss Exposure

Other: _____

Describe Incident:

Attachments:

- Photo(s) or video(s) Witness Reports Public Safety Report SFPD/SFFD Report Diagram(s)
 Other: _____

Reported to:

- Passerby USF Staff/Faculty San Francisco Police Department (SFPD)
 San Francisco Fire Department (SFFD) USF Public Safety Other: _____

Name of Responder: _____

Report No. : _____ Tele: _____

Injured Party- In the event of Bodily Injury

Name of Injured Party: _____

Email: _____ Address: _____

Tele: _____ DoB: _____ Driver's License No.: _____

Other Information: _____

- Male Female Other: _____

Relation to USF:

- Student Visitor Volunteer Non-Affiliated Event Attendee Other: _____

If you are an employee, visit [HR Workers' Compensation Page](#) for more information.

Describe Injury:

Cause of Injury:

Witnesses

Witness Name: _____ Tele.: _____

Witness Name: _____ Tele.: _____

Witness Name: _____ Tele.: _____