

# Notice of Incident

## Instructions

Use the Notice of Incident 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 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.: \_\_\_\_\_