



# INCIDENT / INJURY REPORT

The Texas A&M University System  
System Risk Management  
A&M System Building, Suite 1120  
200 Technology Way  
College Station, Texas 77845  
Campus Mail Stop 1262  
Phone Number: (979) 458-6330  
Fax Number: (979) 458-6247

Please PRINT or TYPE

<b>TIME &amp; PLACE</b>	Date/Time of Incident	Location: Street, City, Building, Room No. (Be specific)			
<b>PREMISES CONDITION</b>	<b>Type of Premises</b>		<b>Conditions</b>		<b>Police Report Which Agency:</b>
	<input type="checkbox"/> Construction Site <input type="checkbox"/> Hallway <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Office <input type="checkbox"/> Other:	<input type="checkbox"/> Parking Lot <input type="checkbox"/> Sidewalk <input type="checkbox"/> Stairway <input type="checkbox"/> Street <input type="checkbox"/> Classroom	<input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Snowy <input type="checkbox"/> Wet	<input type="checkbox"/> Uneven Surface <input type="checkbox"/> Other:	Report # _____ <input type="checkbox"/> Not Reported
<b>INCIDENT DESCRIPTION</b>	Describe What Happened ( <i>Use additional sheet if necessary</i> ):				
<b>INJURED PERSON</b>	Name		Age	Phone No.	
	Address		Social Security Number:		
<b>DESCRIPTION OF INJURY &amp; MEDICAL TREATMENT</b>	Injury - <i>Describe the type, severity, and body part involved</i>				
	Was Medical Treatment Given?      Yes <input type="checkbox"/> No <input type="checkbox"/> Will seek treatment later <input type="checkbox"/>				
	Name of Medical Facility/Doctor		<input type="checkbox"/> Transported by Ambulance <input type="checkbox"/> Transported by Other: _____		
<b>PROPERTY DAMAGE</b>	Owner's Name		Address	Phone #	
	Describe the property and the damage:				
<b>WITNESSES</b> Give the Full Name and Address of Each Witness	Name		Address	Phone #	

Name/Title of the Employee

completing this Report \_\_\_\_\_ Phone #: \_\_\_\_\_

System  
Member: \_\_\_\_\_

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