

STUDENT/ VISITOR INCIDENT REPORT FORM

To be completed by reporting University personnel or University supervisory staff on duty.
(Report only known facts without making opinions , assumption, or assignment of fault)

Date of Incident _____ Time of Incident _____ Location _____

Name of Injured Person _____

Home Address of Injured Person _____

City _____ State _____ Zip Code _____

Phone Number of Injured Person _____

Category Status of Injured Person - Student _____ Visitor _____ Vendor _____

Description of the Incident _____

Organized Activity ? Yes ___ No _____

If yes , please advise which N C State college, department ,center, or group was the organizer .

Organizer Contact Person and Phone Number

Contact Person's Phone Number _____

Did University Police, Fire Protection, or Wake EMS respond ? Yes ___ No _____

Injury Information-Description of any injury known or observed (body part?)

Any witnesses ? Names and Phone Numbers

Name of Person Making This Report _____ Title _____

Phone # _____

Signature _____ Date _____

Maintain this form for internal records for a minimum of four years and forward one copy to
University Insurance & Risk Management .