



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

TIME & PLACE	Date/Time of Incident	Location: Street, City, Building, Room No. (Be specific)			
PREMISES CONDITION	Type of Premises		Conditions		Police Report Which Agency:
	<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
INCIDENT DESCRIPTION	Describe What Happened (<i>Use additional sheet if necessary</i>):				
INJURED PERSON	Name		Age	Phone No.	
	Address			Social Security Number:	
DESCRIPTION OF INJURY & MEDICAL TREATMENT	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: _____		
PROPERTY DAMAGE	Owner's Name		Address	Phone #	
	Describe the property and the damage:				
WITNESSES 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: _____