



INCIDENT FORM

Risk Management Office - 103 Rider Building - 227 W. Beaver Ave. - State College, PA 16801

(814) 865-6307 FAX (814) 865-4029

DO NOT use this form for Workers' Compensation or automobile accident claims.

TIME & PLACE OF ACCIDENT/ INCIDENT	Date: _____ Time: _____ Location: _____		
	City: _____ State: _____ Zip: _____		
PROPERTY DAMAGE	Owner: _____ Phone: _____		
	Address: _____		
	City: _____ State: _____ Zip: _____		
INJURED PERSON	Name: _____ Age: _____		
	Address: _____ Phone: _____		
	City: _____ State: _____ Zip: _____		
	Occupation: _____ Nature of Injury: _____		
	Injured taken to: _____		
WITNESS	NAME	ADDRESS	PHONE
	_____	_____	_____
	_____	_____	_____
FACTORS	Premises: dry wet snow covered icy other: _____		
	Surface: concrete asphalt metal carpet tile other: _____		
	Lighting: indoor (on or off) outdoor (sunny or overcast)		
	other: _____		
DESCRIBE INCIDENT FACTS IN DETAIL			
USE A SEPARATE SHEET OF PAPER IF NECESSARY			

Students Only: I hereby grant authorization to The Pennsylvania State University to release this Incident Form to its insurance carrier(s) if warranted for their use in evaluating a claim. I understand that I am entitled to a copy of this Form upon request.

Signature: _____

Date: _____

Report Taken By: _____

Date: _____