



## *Incident Report*

Location \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ Date reported \_\_\_\_\_

Name of injured person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nature of injuries \_\_\_\_\_

\_\_\_\_\_

Comments made by injured person \_\_\_\_\_

\_\_\_\_\_

Detailed description of the incident (describe fully and list observations with pertinence to the accident, e.g. raised sidewalk, exposed material, high heel shoes on a fall victim, lighting conditions, etc.)

\_\_\_\_\_

\_\_\_\_\_

Witness 1

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is witness a:

Student  Fac/Staff  Visitor  Other \_\_\_\_\_

Comments made by witness (attach statements, if applicable)

\_\_\_\_\_

\_\_\_\_\_

Witness 2

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is witness a:

Student  Fac/Staff  Visitor  Other \_\_\_\_\_

Comments made by witness (attach statements, if applicable)

\_\_\_\_\_

\_\_\_\_\_

How could incident have been avoided? \_\_\_\_\_

\_\_\_\_\_

### Immediate action taken

None

First aid provided Given by \_\_\_\_\_

Medical ambulance called Time of call \_\_\_\_\_ By \_\_\_\_\_

Chair notified Time of call \_\_\_\_\_ By \_\_\_\_\_

Injured person released to:  Self  Home  Physician  Hospital  Other \_\_\_\_\_  Time released \_\_\_\_\_

Completed by \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Note: This report is for record purposes only and does not constitute the admission of liability on the part of the Department of Theatre, University of Indianapolis, or any employee thereof.