

DAS-RISK MANAGEMENT INCIDENT REPORT

TYPE OF INCIDENT (Check one)

- Property Damage
  - Personal Injury
  - Theft or Missing Property
  - Other
- Specify \_\_\_\_\_

Date of Report \_\_\_\_\_

Prepared by \_\_\_\_\_

POLICE REPORT FILED?  Yes  No

IF Yes:

Police Agency Report Filed With \_\_\_\_\_

Date Police Report Filed \_\_\_\_\_

Police Report Case # \_\_\_\_\_

LOCATION of INCIDENT (be specific): \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

TIME OF INCIDENT \_\_\_\_\_ AM \_\_\_\_\_ PM

NAME OF REPORTING PERSON: \_\_\_\_\_

ADDRESS OF REPORTING PERSON: \_\_\_\_\_

PHONE NUMBER OF REPORTING PERSON: \_\_\_\_\_

STATE EMPLOYEE?  Yes  No

If Yes: Agency Name and Location: \_\_\_\_\_

FOR PERSONAL INJURY, NAME OF INJURED: \_\_\_\_\_

ADDRESS OF INJURED: \_\_\_\_\_

PHONE NUMBER OF INJURED PERSON: \_\_\_\_\_

STATE EMPLOYEE?  Yes  No

If Yes: Agency Name and Location: \_\_\_\_\_

If Yes: Did injury occur during work hours?  Yes  No

FOR PERSONAL INJURY, NAME OF INJURED: \_\_\_\_\_

ADDRESS OF INJURED: \_\_\_\_\_

PHONE NUMBER OF INJURED PERSON: \_\_\_\_\_

STATE EMPLOYEE?  Yes  No

If Yes: Agency Name and Location: \_\_\_\_\_

If Yes: Did injury occur during work hours?  Yes  No

NAME OF WITNESS: \_\_\_\_\_

ADDRESS OF WITNESS: \_\_\_\_\_

PHONE NUMBER OF WITNESS: \_\_\_\_\_

STATE EMPLOYEE?  Yes  No

If Yes: Agency Name and Location: \_\_\_\_\_

DESCRIPTION OF PROPERTY OR INJURY: \_\_\_\_\_

NARRATIVE OF INCIDENT OR CIRCUMSTANCES SURROUNDING INJURY:

(Include weather conditions and other contributing factors - ex: 35 degrees, ice on sidewalk, etc.)

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NOTE: THIS REPORT IS NOT A CLAIM. INDIVIDUALS WISHING TO FILE A CLAIM MUST COMPLETE A CLAIM FOR INJURY OR DAMAGE FORM