

Type of Incident (Check One) <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Theft of Missing Property <input type="checkbox"/> Other (Specify Below)	Date of Report:
	Prepared By:
	Police Report Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:
	Police Agency Report Filed With:
	Date Police Report Filed:
Police Report Case #:	

Incident Details

Date of Incident:	Time of Incident:
Location (be specific):	

Reporting Person Information

Name:	State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	If Yes, Agency Name and Location:
	Was Injury/Damage Caused by a State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:	If Yes, Provide Employee Information Below:

For Personal Injury Incidents (complete for all injured persons)

Name of Injured Person:	State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	If Yes, Agency Name and Location:
	If Yes, Did Injury Occur During Work Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:	

Name of Injured Person:	State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	If Yes, Agency Name and Location:
	If Yes, Did Injury Occur During Work Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:	

Witness Information

Name:	State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	If Yes, Agency Name and Location:
	If Yes, Did Injury Occur During Work Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number:	

Incident Description

Description of Damaged Property and/or Injury:

Narrative of Incident or Circumstances Surrounding Injury:
 (Include weather conditions and other contributing factors, Ex: 35 degrees, ice on sidewalk, etc.)

Continue on Page 2 if needed

Note: This report is not a claim. Individuals wishing to file a claim must complete a Tort & Miscellaneous Claim form.



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