

## INCIDENT REPORT

### Injuries or Property Damage to Others

**Instructions:** Use this form to report injuries or property damage sustained by visitors, students, or the general public alleged to have been caused by the University or occurring on University property or during a University activity or event (do not use for auto accidents or employee injuries). Complete all sections, retain a copy, and mail, email or fax to:

Edward Nobles, Risk Manager, University of Maine System, 16 Central Street, Bangor, ME 04401  
 Email: [enobles@maine.edu](mailto:enobles@maine.edu) Fax: 207-947-7556 Phone: 207-973-3331

#### Details of Incident

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. Weather Conditions: \_\_\_\_\_  
 Location of Incident (campus/building name/off-site location): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Did police investigate the incident and make a report?  Yes  No If yes, which police dept.? \_\_\_\_\_  
 Description of what happened and any action taken (attach additional sheets if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Injured Person(s) (if more than one person injured, attach additional sheets)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Visitor  Student  Other (describe) \_\_\_\_\_ Age: \_\_\_\_\_  
 Description of Injury: \_\_\_\_\_  
 \_\_\_\_\_  
 Medical Assistance Provided?  Yes  No If yes, by whom? \_\_\_\_\_

#### Property Damage (if available, attach appraisals, estimates or receipts)

Property Damaged: \_\_\_\_\_  
 Extent of Damage(include estimate): \_\_\_\_\_  
 \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Witnesses

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Person Completing Report (if other than campus Risk Management Administrator)

Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Campus/Dept.(if applicable): \_\_\_\_\_  Visitor  Student  Other (describe) \_\_\_\_\_

#### Campus Information (to be completed by campus Risk Management Administrator)

Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Was incident investigated by campus?  Yes  No If yes, attach notes on investigation, including any photographs.  
 Date Form Completed: \_\_\_\_\_ Is this report for notification purposes only? Yes  No