**Route this form to:**

Risk Management Office

208 WBOB

Minneapolis, MN 55454

Email: [orm@umn.edu](mailto:orm@umn.edu)

Fax: 612-625-7384

**U Wide Form:**

**UM 1707**

**Rev:** 4/13/09

wdmk

# Bodily Injury/Property Damage Incident Report

## **For University Employee Work Related Injuries –** [**Refer to Reporting Workers Compensation Related Injuries Policy**](http://www.policy.umn.edu/groups/ppd/documents/policy/workers_comp.cfm) **For Damage to University Property – Report Damage to the Office of Risk Management**

**INCIDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Bodily Injury  Damage to Property of Others | Date of Report | Date of Incident | Time of Incident |
| Specific location of incident (Street, Building, Room, etc) | | | |

**BODILY INJURY *(Not for University Employee Work Related Injuries)***

|  |  |
| --- | --- |
| Name of Injured Person (Last, First, MI): | Student  Public/Visitor |
| Address (Street, City, State, ZIP): | Phone No.: |
| Description of Incident – Explain in detail how the injury occurred and the conditions present at the time of loss (e.g., weather, construction, cleaning, etc): | |
| Extent of Injuries: | |
| Medical Care Provided (First Aid at Scene, Transported to Medical Facility, etc): | |
| What could be done to prevent recurrence? | |

**PROPERTY DAMAGE *(Non-University Property)***

|  |  |
| --- | --- |
| Name of Property Owner(Last, First, MI): | |
| Address (Street, City, State, ZIP): | Phone No.: |
| Description of Damaged Property: | |
| Description of Incident – Explain in detail how the property damage occurred: | |
| University Police Report #: | |

**WITNESSES**

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Name | Phone: | Witness Name: | Phone: |
| Address (Street, City, State, ZIP): | | Address (Street, City, State, ZIP): | |

**REPORTED BY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Campus Address: | Phone: | | Email: |
| Signature: | | | Date: | |

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Page 1 of 1