**Route this form to:**

Risk Management Office

208 WBOB

Minneapolis, MN 55454

Email: orm@umn.edu

Fax: 612-625-7384

**U Wide Form:**

**UM 1707**

**Rev:** 4/13/09



# 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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