



Incident/Accident Reporting Form

(Other than Motor Vehicle or Employee/Volunteer injury)

If you are experiencing a life-threatening emergency, call 9-1-1.

Send this form within **48 hours** of the incident to Risk Management via email at riskmanagement@calpoly.edu. If more than one person has been injured, complete a separate form and send them together describing the accident/incident only once. Attach any photos, maps, additional pages or diagrams, as necessary.

CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except authorized state officials.

Person Injured _____ Phone _____ Email _____

Is the injured person a: Student Visitor Other Third Party Birthdate _____

This form is used to report many kinds of accidents or incidents. Please check all that apply:

Cause of Injury

- Animal
- Bike Accident
- Chemical
- Fall
- Fire
- Flood
- Person in Act of a Crime
- Other:

- Repetitive Motion
- Slip
- Sports
- Steam/ Hot Fluids
- Trip
- Vehicle Accident

Type of Injury

- Allergic Reaction
- Amputation
- Burn
- Contusion
- Fracture
- Other:

- Laceration
- Puncture
- Property Strain
- Sprain/

Part of Body

- Ankle
- Arm
- Back
- Ear
- Eye
- Face
- Finger
- Other:
- Foot
- Groin
- Hand
- Head
- Heart
- Hip
- Knee
- Leg
- Mouth
- Neck
- Shoulder
- Toe
- Trunk
- Wrist

Incident Information

Date of accident/incident _____ Time of accident/incident _____ am pm

Did anyone witness the accident/incident? Provide their name and contact information (attach signed statements incident, if possible).

1. _____
2. _____

Describe the accident/incident/concern and how it occurred (attach additional sheet if needed).

Location where accident/incident occurred (specify location, including location of injured and witnesses, use diagram or additional sheet, if needed).

Medical Report of Accident/Incident

Treatment given _____

By Whom? _____ When? _____

- At Accident/Incident Site
- At CHW
- Doctor's Office
- At Hospital

Notification

Other Notification Police/911 CPS Risk Management EHS Civil Rights & Compliance Office

If investigated by PD, Case # _____

Supplemental Information

Was this a class, field trip, free time, lab, lecture, or other? Yes No

Please describe in detail.

Were there tools, materials (chemicals, compressed gas, etc.), or equipment in use during this time? Yes No

Please describe in detail.

Was there safety equipment in use? Yes No

If "yes" please specify.

Was safety training provided prior to incident? Yes No

If "yes" please describe.

Describe any conditions (inside or outside) that may have contributed to the injury:

Was there a release agreement signed before the activity? Yes No

If "yes" please send a copy of the release with this report to Risk Management.

Were photographs taken? Yes No *If "yes", please attach to this form.*

Department Reporting Incident/Accident

Campus Office, Department, Program Name:

Name of person filling out form

Position/Title

Telephone