

Utah State University

Incident Report - NON VEHICLE

Today's Date _____ Date of Incident _____ Time of Incident _____

Exact Incident Location _____

Incident Details: Brief Description of Incident.

What Happened? _____

Continued _____

Explain USU Involvement _____

Police Called? _____ Police Dept _____ Police Report # _____

Citation Issued? _____ To Whom? Name _____ What for? _____

Weather Cond _____ Surface Cond _____ Other Factors? _____

Information about Victim (if any): Victim Name _____

Victim Complete Home Address _____ Home Phone _____ Work Phone _____

Description of Damages to Property _____

Describe any Bodily Injury Incurred _____

Describe Emergency Response _____

Witness(s):

Witness to incident: (Name, address, Phone) _____

Witness to incident: (Name, address, Phone) _____

What do you think caused the incident?

Conditons/Cause of Event _____

Continued _____

This Report Completed By: _____

Submit To: Utah State University - Risk Management Services 1445 Old Main Hill Logan, UT 84322-1445
(435)-797-1844 (435) 797-1825 fax

Signature Field