



# INCIDENT REPORT FORM

Email completed form to [riskinsurance@utdallas.edu](mailto:riskinsurance@utdallas.edu)  
or drop off form at Risk Management (SG 1.212).

If you have any questions, please contact Annette Rogers  
at [annette.rogers@utdallas.edu](mailto:annette.rogers@utdallas.edu) or 972-883-2369.

---

## PERSON INVOLVED IN INCIDENT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Email Address: \_\_\_\_\_

UTD Affiliation at time of Incident:  Student  Employee  Visitor  Other: \_\_\_\_\_

---

## INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ a.m. p.m. Date of Report: \_\_\_\_\_

Describe the Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of the Incident: \_\_\_\_\_

\_\_\_\_\_

If applicable, describe the Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable, describe any Property Loss/Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who was contacted? (*check all that apply*)

Supervisor  UTD Police  Richardson Police  Emergency Medical  Other: \_\_\_\_\_

### ***If applicable:***

Vehicle Make/Model: \_\_\_\_\_ State/License Plate Number: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ State/License Plate Number: \_\_\_\_\_

---

## WITNESS INFORMATION

Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_