

REPORT OF INCIDENT OR ACCIDENT

This form must be submitted with	nin 24 hours of receiving infor	mation of an incident to	Risk Management	Services.
☐ Faculty ☐ Staff ☐ Student Emplo				or Usitor
☐ Volunteer ☐ Other	Department: _			
	SECTION 2: INCIDI	ENT TYPE		
☐ Injury ☐ Illness ☐ Trip ☐ Vehicl	e 🗌 Near Miss 🔲 Dange	erous Condition	posure Incident	ADA Condition
Other		Police Report Made	YES NO	
	Section 3: Involved/Injur	RED'S INFORMATION		
First Name:	Last Name:			M.I.:
Street Address:	City:	;	State:	Zip:
Phone:				
	Section 4: Inciden			
Note: If an accident occurred while driving	on university business, you	must also complete the	Vehicle Accident Re	eport form STD 270.
	Time: M/PM Locatior	ո:		
Multiple persons involved YES N		· ·		
D What was the person doing just prior	ESCRIBE THE INCIDENT (STA		ditions contributed t	o the incident?
- Villat was the person doing just phot	to and at the time of the mon	done. What objects/con		o the moratine.
Nama(a) Witnesses:				
Name(s) Witnesses:	t resulted in an injury or illnes	es answer the following	auestions	
a) Describe injury and part of body a		_		
b) Did the individual receive first aid	-		☐ YES	□NO
			☐ YES	□NO
,	ueaunent!		<u>_</u>	□NO
,			☐ YES	
Name of Clinic:				
If this is a Sacramento State employee, wh	at time did the employee beg	in their shift?:	_	□ N/A
a) Supervisor:	_ Title:	Date/Time not	ified:	
b) Did the individual immediately retu	urn to work?		☐ YES	□ NO
				
Preparer's Name and Title (Prin	t)	Phone Number		Date
ubmit electronically or fax copy to: (916) 2	78-2641			