

University of Toledo – Accident / Incident Report (Non-Workers' Compensation)

For incidents involving students, visitors, volunteers, or other non-workers' compensation matters. Submit completed report to Risk Management via RiskManagement@UToledo.Edu - For questions, please contact Risk Management at 419-530-2809

1. Person Completing the Report

Full Name

Email Address

Phone Number

Relationship to Incident

2. Incident Overview

Incident Date

Incident Time

Campus / Building

Exact Location / Address

Police Called

Yes

No

Responding Police Department (City, State)

Police Report Number

3. Narrative Description of Incident

4. Injured / Affected Parties

Injured / Affected Person 1

Name	Role
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Phone	Email
<input type="text"/>	<input type="text"/>
Nature of Injury	
<input type="text"/>	
<input type="checkbox"/> No Injury	

Injured / Affected Person 2

Name	Role
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Phone	Email
<input type="text"/>	<input type="text"/>
Nature of Injury	
<input type="text"/>	
<input type="checkbox"/> No Injury	

Injured / Affected Person 3

Name	Role
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Phone	Email
<input type="text"/>	<input type="text"/>
Nature of Injury	
<input type="text"/>	
<input type="checkbox"/> No Injury	

5. Auto Accident Information (Complete if applicable)

Vehicle 1

Vehicle Type (Make / Model)	Owner
DL State	DL Number
Insurance Carrier	Policy Number
Describe Vehicle Damage	

Vehicle 2

Vehicle Type (Make / Model)	Owner
DL State	DL Number
Insurance Carrier	Policy Number
Describe Vehicle Damage	

Vehicle 3

Vehicle Type (Make / Model)	Owner
DL State	DL Number
Insurance Carrier	Policy Number
Describe Vehicle Damage	

6. Witness Information

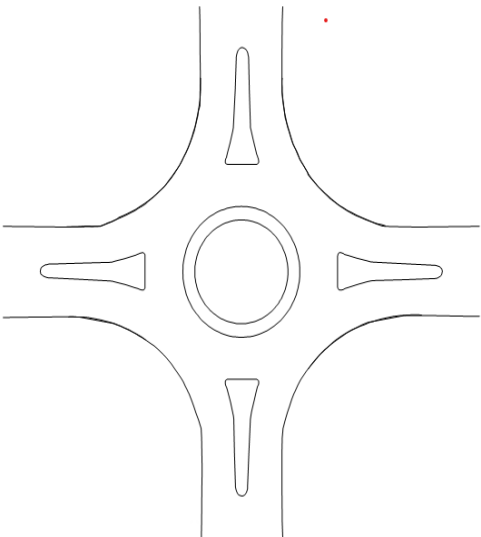
Witness Name

Witness Email

Witness Address

Witness Statement

7. Accident Diagram



Other Scene:

Internal Notes / Claim Reporting (Risk Management Use Only)

Intake Tracking

Date Received	Received From (Dept)	Received By

Claim Information

TPA / Administrator	Carrier / Program
Claim Number	Date Reported
Police Report #	Law Enforcement Agency

Follow-Up / Notes

Assigned To	Status

Follow-Up Notes