

# 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

A large, light blue rectangular box occupies the bottom half of the page, intended for the narrative description of the incident.

#### **4. Injured / Affected Parties**

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##### **Injured / Affected Person 1**

Name

Role

Address

Phone

Email

Nature of Injury

No Injury

##### **Injured / Affected Person 2**

Name

Role

Address

Phone

Email

Nature of Injury

No Injury

##### **Injured / Affected Person 3**

Name

Role

Address

Phone

Email

Nature of Injury

No Injury

## 5. Auto Accident Information (Complete if applicable)

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### Vehicle 1

Vehicle Type (Make / Model)

Owner

<input type="text"/>	<input type="text"/>
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DL State

DL Number

<input type="text"/>	<input type="text"/>
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Insurance Carrier

Policy Number

<input type="text"/>	<input type="text"/>
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Describe Vehicle Damage

<input type="text"/>
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### Vehicle 2

Vehicle Type (Make / Model)

Owner

<input type="text"/>	<input type="text"/>
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DL State

DL Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Insurance Carrier

Policy Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Describe Vehicle Damage

<input type="text"/>
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### Vehicle 3

Vehicle Type (Make / Model)

Owner

<input type="text"/>	<input type="text"/>
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DL State

DL Number

<input type="text"/>	<input type="text"/>
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Insurance Carrier

Policy Number

<input type="text"/>	<input type="text"/>
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Describe Vehicle Damage

<input type="text"/>
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## 6. Witness Information

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Witness Name

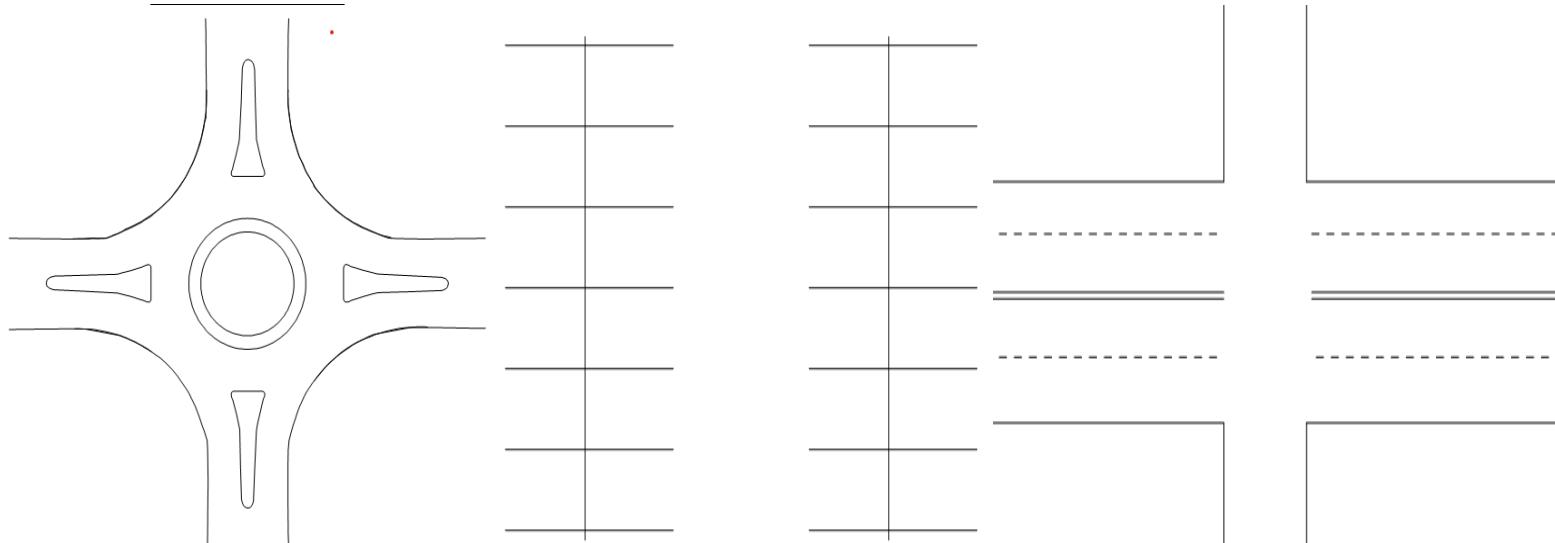
Witness Email

Witness Address

Witness Statement

## 7. Accident Diagram

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Other Scene:

## **Internal Notes / Claim Reporting (Risk Management Use Only)**

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### **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