

UNIVERSITY OF IOWA INCIDENT REPORT FORM

Use this form to report incidents affecting members of the general public, students, or others while on campus or at University events. DO NOT use this form for automobile accidents, workers compensation, or incidents occurring at UIHC.

Time and Place of Incident	Date _____ Time _____ Location _____ City _____ State _____ Zip _____
Injured Person	Name _____ Age _____ Address _____ Phone _____ City _____ State _____ Zip _____ Nature of Injury _____ Injured Taken To _____
Property Damage	Name of Owner _____ Phone _____ Address _____ City _____ State _____ Zip _____ Description of Property and Damage (Year/Make/Model/Value) _____ _____ _____
Witness Information	Name _____ Address _____ Phone _____ Name _____ Address _____ Phone _____
Description Of Incident Use a separate sheet of paper if necessary.	Describe what happened and what action was taken _____ _____ _____ _____ _____
Report Completed By Attach police reports, photos, if available.	Name _____ Date _____ UI Public Safety Notified _____ Police Notified _____
Submit Form to	Risk Management, Insurance & Loss Prevention, 430 Plaza Centre One, Iowa City, IA 52242 319-335-0010