

# UNIVERSITY OF IOWA INCIDENT REPORT FORM

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

<b>Submit Form To:</b>	Risk Management, Insurance & Loss Prevention, <a href="mailto:risk-management@uiowa.edu">risk-management@uiowa.edu</a> 202 Plaza Centre One, Iowa City, IA 52242, Phone: 319-335-0010
<b>Time and Place of Incident</b>	Date _____ Time _____ Location _____ City _____ State _____ Zip _____
<b>Injured Person</b>	Name _____ Phone _____ Address, City, State _____ Nature of Injury _____ Injured Taken To _____
<b>Property Damage</b>	Name of Owner _____ Phone _____ Address, City, State _____ Description of Property and Damage (Year/Make/Model/Value):
<b>Witness Information</b>	Name _____ Phone _____ Name _____ Phone _____
<b>Report Completed By</b> Attach police reports, photos, if available.	Name _____ Date _____ Were police notified? If so, which agency? _____
<b>Description of Incident</b> Use second page if necessary	Describe what happened and what action was taken

**Continued  
Description of  
Incident**

**Submit Form to**

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