



INSTRUCTIONS

Use the Incident Report form to report any non-work related accident on UCSB property or involving UC Santa Barbara employees that may require first-aid or medical care. THIS IS A CONFIDENTIAL - ATTORNEY/CLIENT PRIVILEGED DOCUMENT that is to be used to provide information for use by legal counsel in the event a claim is filed against the Regents of the University of California or its employees. Under no circumstances should this document or information in this document be shared or given to anyone with the exception of authorized University officials. Attach photos and diagrams as appropriate. (Use the Report of Vehicle Accident to report an accident involving autos). Submit completed form to UCSB Risk Management as soon as possible.

INJURED PARTY

Name of Injured Party: _____ Address: _____

Work Ph: _____ Home Ph: _____ Driver's License No: _____ Birthdate: _____

Gender: Male Female Relation to UC: Staff Faculty Student Visitor Other _____

ACCIDENT

Date: _____ Time of day: _____ Location: _____

Describe sport or activity engaged in at time of accident: _____

Describe how accident occurred:

Describe action taken by staff:

ATTACHMENTS: Photo(s) Diagram(s) Staff statement(s) Witness statement(s) Other: _____

REPORTED TO: UCSB Police Local Police Sheriff CHP Paramedic Other: _____

BODILY INJURY

Describe injury (if any): _____

How was injury caused: _____

If treated, where: _____ Name of doctor: _____ Ph: _____

PROPERTY DAMAGE

Property damaged: _____

Owner (if not Injured Party): _____ Address: _____ Ph: _____

Describe damage: _____

How was damage caused: _____

WITNESSES

Witness: _____ Home Ph: _____ Bus. Ph: _____

Address: _____

Witness: _____ Home Ph: _____ Bus. Ph: _____

Address: _____

Witness: _____ Home Ph: _____ Bus. Ph: _____

Address: _____

REPORT BY

Name of Reporting Employee: _____ Title: _____ Ph: _____

Department: _____ Supervisor: _____ Supervisor's Ph: _____

Signature of Reporting Employee: _____ Date: _____