

**University of the Ozarks
Department of Public Safety**

INCIDENT/ACCIDENT REPORT FORM

NAME OF DEPARTMENT OR ORGANIZATION _____

Name of person in charge: _____

Location incident/accident took place: _____

Date of incident/accident: _____

Time of incident/accident: _____

Name of injured person _____

Damage to facility or property _____

Address of injured person _____

If applicable name of witness:

Nature of incident/accident: _____

Is this a Clery Act incident Yes No

Give details of how and precisely where the incident/accident took place.

Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

Were any of the following contacted:

Police: Yes No

Ambulance: Yes No

Director/Assistance Director of Public Safety: Yes No

What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)

Additional Comments:

All of the above facts are a true and accurate record of the incident/accident.

NAME: _____

SIGNED: _____ DATE: _____