

Privileged & Confidential: This incident report is subject to the attorney-client privilege and the attorney product work doctrine and is prepared in anticipation of litigation for ultimate transmittal to defense counsel.

**PLEASE COMPLETE AND RETURN TO HUMAN RESOURCES WITHIN 24 HOURS OR THE NEXT BUSINESS DAY FOLLOWING THE ACCIDENT**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Company (for vendor accident only): \_\_\_\_\_ Email Address: \_\_\_\_\_

### INJURY DETAILS

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

Specific injury/illness and part of body affected. (e.g. Second degree burns on right arm, tendonitis on left elbow, lead poisoning, etc.)

Equipment, materials and/or chemicals the customer/vendor came into contact with when the event or exposure occurred. (e.g. Debris on the floor, water, ladder, etc.)

Specific activity the customer/vendor was performing when the event or exposure occurred. (e.g. Walking down the stairs, walking on the sales floor, etc.)

How did the injury/illness occur? Describe the sequence of events. Specify the object(s) or exposure which directly produced the injury/illness.

## INJURY DETAILS (CONTINUED.)

Was another person involved in the injury/illness?  YES  NO

If "YES", Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Were there any witnesses to the injury/illness?  YES  NO

*If "Yes", please attach statements written from each witness.*

Witness Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Did the customer/vendor require medical attention?  YES  NO

*If "Yes", please complete the following information:*

Was 9-1-1 Called?:  YES  NO

Were campus police and/or LB Fire called to the scene?  YES  NO

Was the customer/vendor transported to the hospital?  YES  NO

*If "Yes", please complete the following information:*

MEDICAL FACILITY INDIVIDUAL WAS REFERRED TO: \_\_\_\_\_

On-Duty Manager Name: \_\_\_\_\_

On-Duty Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HUMAN RESOURCES/RISK MANAGEMENT ONLY

Referred to Beach Shops insurance provider?  YES  NO

Is video surveillance available?  YES  NO

*If "Yes", is the video secured?*  YES  NO

Was the customer/vendor contacted for follow-up?  YES  NO

*If "Yes", document the date and statement received by the customer/vendor:*

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_