



THE UNIVERSITY OF TENNESSEE
INCIDENT REPORT

Office of Risk Management
5723 Middlebrook Pike
Suite 218
Knoxville, TN 37996

Phone: (865)974-5409
Fax: (865) 974-0936
Email: riskmanagement@tennessee.edu
Website: http://riskmanagement.tennessee.edu

Date of Report

Claim #

Name: Relationship to UT: Employee ID#:
Home Address: Street: City: State: Zip Code:
Email Address: Telephone Number:
Witness:
Name: Telephone Number: Email Address: Relationship to UT:

Campus or Facility of Incident: Date of Incident: Time of Incident: Time Employee began work on date of injury:
Exact Location of Incident: Bldg. Name: Room #: Address:
Type of Incident: Injury Property Security Incident/Near Miss Unsafe Conditions Other (Explain)
Police Department Contacted (Ex: UTPD, Local PD, State PD etc.): If yes, accident report #:
Description of Incident (Use separate page if necessary):
Property Damaged (Description of Damage): * If UT property, complete Property Claim Packet *
Nature of Injury or Illness (Fracture, Cut, Allergic Reactions, etc.): Body Part Affected:
Medical Treatment Required: No Yes - First Aid Yes - Doctor/Clinic Yes - Emergency Room
Place Treated: Date of First Treatment:
Type of Medical Treatment: Hospitalization Fracture Suture Referred for further treatment
Prescription Medication Foreign Body Removal Rigid Splint or Cast Other Medical Treatment (List)
Time lost from work beyond day of accident: Released to Return to Work: No At Full Duty Follow-up Visit to be Scheduled
Yes No Yes: With Restrictions

Incident Report

Supervisor's Comments
Could this incident have been prevented? If so, how?
Name: Email Address:

COMPLETING THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT MEAN A CLAIM HAS BEEN FILED. TO FILE A CLAIM, CONTACT THE UT OFFICE OF RISK MANAGEMENT AT 865-974-5409. THANK YOU.

Person Injured or Person who sustained damages: Supervisor or Person completing report:
Signature: Signature: