



# THE UNIVERSITY OF TENNESSEE

## Incident Report

Not to be used for automobile accidents or worker's compensation claim reporting.

\_\_\_\_\_  
(Campus or Facility) (Date of Occurrence) (Time of Occurrence) (Date of Report)

Injury  Property  Security  Unsafe Condition  Near Miss  Other \_\_\_\_\_

Exact Location of Occurrence:

Bldg Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Address: \_\_\_\_\_

List  
Comments  
To Factual  
Information

Description of Occurrence (Use Separate Page if Necessary)

Persons Injured and/or Whom Sustained Property Damage:

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
(Name) (Street Address, City, State, Zip) (Email Address) (Relationship to University)

Medical Treatment Required  No  Yes Where? \_\_\_\_\_

Other Medical Information (Nature of Injury, Body Part Affected) \_\_\_\_\_

Complete  
if Injury  
and/or  
Property  
Damage

Property Damaged (Description of Damage)

Witnesses: \_\_\_\_\_  
\_\_\_\_\_  
(Name) (Address) (Telephone)

Other  
Information

Occurrence Reported To:  
 UT Campus Police  Local Police  Other \_\_\_\_\_

Other Comments: \_\_\_\_\_

Person Making Report Signature Address Telephone Email Address

\*Occurrence: The event or condition that could or did cause injury or property damage.

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