

**REPORT OF INCIDENT OR ACCIDENT**  
CALIFORNIA STATE UNIVERSITY, SACRAMENTO

This form must be submitted within 24 hours of receiving information of an incident to, **Risk Management Services.**

**SECTION 1: UNIVERSITY RELATIONSHIP (SELECT ONLY ONE)**

Faculty  Staff  Student Employee  Student Assistant Department: \_\_\_\_\_  
 Student  Auxiliary  Contractor  Visitor  Volunteer  Other \_\_\_\_\_ Police Report Made  YES  NO

**SECTION 2: INCIDENT TYPE**

Injury  Illness  Vehicle  Near Miss  Dangerous Condition  Exposure Incident  Other \_\_\_\_\_

**SECTION 3: INVOLVED/INJURED'S INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 4: INCIDENT DETAILS**

**Note:** If an accident occurred while driving on university business, you must also complete the Vehicle Accident Report form STD 270.

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM \_\_\_\_\_ Location: \_\_\_\_\_

Multiple persons involved  YES  NO

**DESCRIBE THE INCIDENT (STATE ONLY THE FACTS).**

What was the person doing just prior to and at the time of the incident? What objects/conditions contributed to the incident?

Name(s) Witnesses: \_\_\_\_\_

**If the incident resulted in an injury or illness, answer the following questions.**

- a) Describe injury and part of body affected. \_\_\_\_\_
- b) Did the individual receive first aid only?  YES  NO
- c) Did the individual receive medical treatment?  YES  NO
- d) Was the individual hospitalized?  YES  NO

Name of Clinic: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If this is a Sacramento State employee, what time did the employee begin their shift?: \_\_\_\_\_  a.m.  p.m.  N/A

- a) Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Date/Time notified: \_\_\_\_\_
- b) Did the individual immediately return to work?  YES  NO

\_\_\_\_\_  
Preparer's Name and Title (Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**"SAVE AS" to computer: fax copy to: (916) 278-2641 or email to: rms@csus.edu**