SACRAMENTO STATE

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