Insurance & Claims Management
Finance & Administration
UNIVERSITY OF GEORGIA

ACCIDENT/INCIDENT REPORT FORM

Instructions: Please use this form for any injuries or incidents at a University of Georgia event for minors. Then a supervisor or departmental HR representative enter the information into the Insurance & Claims online reporting form (insurance.uga.edu) no later than the first working day following the injury or as soon as a supervisor is notified of any injury.

Date Occurred: _____ Time*:* _____

Submitted by: _____

Submitter's phone number & email: _____

College/Unit: _____

Incident Summary:

Description of the Incident:

_____

Witness(es):

_____

Campus Location:

☐ *Athens* ☐ *Griffin* ☐ *Tifton*
☐ *Skidaway* ☐ *Buckhead* ☐ *4-Center*
☐ *Other*

Incident Location (Be as specific as possible. Use a building name whenever applicable):

_____

Room Number If the incident happened inside of a building, please enter the room number or describe the location (lobby, downstairs restroom, etc.):

_____

Street Address: _____

City: _____ State & Zip: _____

Responding Police Agency: _____

Police Report Number: _____

Is there camera surveillance in the area of the incident? Yes ◯ No ◯ Unknown ◯

Injury Report:

Name of Injured (Please list their legal name): _____

Email of Injured Person (If UGA affiliation, please use their UGA email): _____

Phone number of Injured Person: _____

Injured Person's Affiliation:

UGA Employee ◯ *UGA Student Employee* ◯ *UGA Camper* ◯
UGA Student ◯ *UGA Visitor/Guest* ◯

Clear Form

Insurance & Claims Management
Finance & Administration
UNIVERSITY OF GEORGIA

ACCIDENT/INCIDENT REPORT FORM

Is the injured person under the age of 18? ◯ *Yes* ◯ *No* Date of birth: _____
Is the injured person a: ◯ *Male* ◯ *Female*
If a minor – Guardian Contact Name: _____
Was the guardian notified? Yes ◯ No ◯ If yes, when? _____

Incident/Accident Cause (check all that apply):

- ☐ Bite - Animal
- ☐ Bite - Human
- ☐ Burn - Acid/Chemical/Gas
- ☐ Burn - Thermal (Fire/Steam/Electrical/Hot object/liquid)
- ☐ Caught by - Collapse
- ☐ Caught by - Machine
- ☐ Caught by - Object
- ☐ Caught by - Other
- ☐ Cut/Puncture/Scrape - Animal
- ☐ Cut/Puncture/Scrape - Broken glass/Metal
- ☐ Cut/Puncture/Scrape - Explosion
- ☐ Cut/Puncture/Scrape - From fall
- ☐ Cut/Puncture/Scrape - Human
- ☐ Cut/Puncture/Scrape - Medical Instrument
- ☐ Cut/Puncture/Scrape - Sharp tool (knife, scissors, etc.)
- ☐ Cut/Puncture/Scrape - Object
- ☐ Exposure - Biological
- ☐ Exposure - Chemical
- ☐ Exposure - Noise
- ☐ Exposure - Radiation (UV/Laser/X-Ray)
- ☐ Exposure - Temperature
- ☐ Hearing Loss
- ☐ Inclement Weather - Flood/Hail/Lightning/Wind
- ☐ Ingestion/Inhalation
- ☐ Lifting/Moving
- ☐ Motor Vehicle Collision
- ☐ Needle Stick
- ☐ Object in Eye
- ☐ Property Damage
- ☐ Slip/Trip/Fall
- ☐ Sting/Bite - Insect
- ☐ Strain
- ☐ Struck by/against - Another person
- ☐ Struck by/against - Falling or flying object
- ☐ Struck by/against - Moving part of machine
- ☐ Struck by/against - Vehicle/cart/bike/scooter/boat
- ☐ Struck by/against - Other
- ☐ Other (please specify):

Injury Description:

Describe the type of injury (bruise, sprain, laceration, etc.):

_____

Specify what body part(s) was/were injured:

_____

Treatment received (if known at time of this report):

- ☐ Basic First Aid
- ☐ None
- ☐ Emergency Department
- ☐ Refused Treatment
- ☐ Doctor/Urgent Care
- ☐ Admitted to Hospital

_____ Date _____
Signature of staff member completing report

_____ Date _____
Signature of Leadership Team

_____ Date _____
Signature of Program Coordinator

Print Form