



INCIDENT FORM

Risk Management Office - 103 Rider Building - 227 W. Beaver Ave. - State College, PA 16801

(814) 865-6307 FAX (814) 865-4029

DO NOT use this form for Workers' Compensation or automobile accident claims.

TIME & PLACE OF ACCIDENT/ INCIDENT	Date: _____ Time: _____ Location: _____ City: _____ State: _____ Zip: _____		
PROPERTY DAMAGE	Owner: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____		
INJURED PERSON	Name: _____ Age: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Occupation: _____ Nature of Injury: _____ Injured taken to: _____		
WITNESS	NAME _____ _____ _____	ADDRESS _____ _____ _____	PHONE _____ _____ _____
FACTORS	Premises: dry wet snow covered icy other: _____ Surface: concrete asphalt metal carpet tile other: _____ Lighting: indoor (on or off) outdoor (sunny or overcast) other: _____		
DESCRIBE INCIDENT FACTS IN DETAIL USE A SEPARATE SHEET OF PAPER IF NECESSARY			

Students Only: I hereby grant authorization to The Pennsylvania State University to release this Incident Form to its insurance carrier(s) if warranted for their use in evaluating a claim. I understand that I am entitled to a copy of this Form upon request.

Signature: _____

Date: _____

Report Taken By: _____

Date: _____