

Incident Report Form

(Not to be used for employee injury or workers compensation claims)

Supervisor's Name Completing Form: _____ Date _____

Note to Supervisor: If incident is an emergency notify the ASC Financial Services Department as soon as possible at 714-278-4104. Return this form to the CSU Fullerton ASC Financial Services Department, College Park Suite 275, within 24 hours of the incident.

I. Incident type: (Check all that apply):

Injury (medical care no medical care)
Automobile accident (injury no injury)
A S C Property Damage
Non-ASC Property Damage
Theft
Other _____

II. Was a police report made for this incident? Yes No

If yes, please provide the following information:

Police Report Number: _____

Police Agency Generating Report: _____

III. Personal Injury Information: (Use only if injury was checked above)

Date of the Incident: _____ Day of the Week: _____

Time of the Incident: _____

Location of Incident: _____

Conditions at location (Describe weather, floor surfaces, fixtures, sanitation etc.)

Were Photographs taken at the location? **Yes** **No** If yes, please describe picture on the back of the photo and submit them with this form.

Name & address of Injured:

First Name: _____ Last Name: _____ MI: _____

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone Number of Injured:

Home: _____

Work: _____

III. Personal Injury Information: (Use only if injury was checked above) (continued)

Employer: _____

Is the Injured a CSUF:

Student Faculty Member Staff Member Other _____

Name of Witness:

First: _____ Last _____ MI _____

Address: _____ Apt # _____

City: _____ State _____ Zip code _____

Phone Number:

Home #: _____

Work #: _____

Witness Comments:

IV. Property / Equipment Loss Information

Was the Property Loss ASC Property: Yes No

Description of Property:

Tag Number: (If ASC Property) _____

Location of Property at the Time of the incident:

Type of Damage or Loss:

Estimated Repair or Replacement Cost: _____

If Theft - Estimated Amount Stolen: _____

Were Photographs taken of the damaged property? Yes No

If yes, please submit photos with this document.

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Was there a witness to the property damage / loss? Yes No

IV. Property / Equipment Loss Information (continued)

Name of Witness:

First: _____ Last: _____ MI _____

Phone Number:

Home #: _____

Work #: _____

V. Incident Description / Notes: (Please be Detailed)

Supervisor Signature: _____ Date: _____

VI. Action Taken:

ASC Business Services Manager Notified Yes No

Date Contacted: _____ Time: _____

Person you spoke with: _____

Additional Documents attached: (Police Report / Photos etc.)

Additional Documents Requested by Business Services?

VII. Action To Be Taken:

What Action Do You Need Taken By Business Services?

What Action Do Others Want Taken?

Specific Action _____

Who Requested the Actions? _____

TO BE COMPLETED BY BUSINESS SERVICES DEPARTMENT

VIII. Investigative Notes

Additional Information Pertaining To The Incident Described Above:

IX. Was It Necessary to Contact Public Safety or the Police Department? Yes No

Date Police Department Was Notified: _____

Police Agency Notified: _____

Name of Officer Contacted; _____

Police Report Number: _____

X. Was the ASC's Insurance Company Notified? Yes No

If yes, who was the name of the agent contacted: _____

Was an Adjuster Assigned to the Case? **Yes** **No**

If Yes, name of Adjuster _____

Name of Adjuster Company: _____

Phone Number of Adjuster: _____

Notes: