

Southern Methodist University First Report of Incident

Within 24 hours of incident, send fully completed form to:
Office of Risk Management
214-768-2083 / riskmanagement@smu.edu
PO Box 750231 / Dawson Service Center Suite 100

SECTION A: INCIDENT INFORMATION

Bodily Injury/Illness Vehicle Accident Property Damage Other: _____

PERSON INVOLVED Faculty Staff Student Visitor

Name: _____ Primary Phone: _____

Home Address: _____ Email: _____

Department: _____ SMU ID: _____

Supervisor: _____ Purpose of visit to campus: _____

DETAILS OF INCIDENT

Location: Main Campus East Campus SMU-in-Plano SMU-in-Taos Off Campus

Building/Location: _____

Date: _____ **Time:** _____ AM/PM **Weather Conditions:** _____

Who was contacted? Supervisor Police Emergency Medical Parent Other: _____

Police Department: _____ **Report No.:** _____

Witness Name(s): _____ **Phone:** _____

Witness Name(s): _____ **Phone:** _____

SECTION B: DETAILED DESCRIPTION

SECTION C: BODILY INJURY

Cause of Injury: _____ **Part of Body Injured:** _____

Equipment involved? Yes No **Biohazard Clean-up Required?** _____

What happened to the injured party? First Aid Transported to Hospital Went to Physician/Hospital

Refused Treatment Refused Transport Returned to Work Went Home Left With Friend Unknown

Was a motor vehicle involved? YES NO (If yes, complete Section E)

Was property damaged? YES NO (If yes, complete Section D)

SECTION D: PROPERTY DAMAGE

Damage to: Building Building System Grounds Equipment Fixture/Improvement Other: _____

Cause of Damage(s): _____ Was building occupied? YES NO

Was Building Evacuated? YES NO Were occupants allowed to re-enter building? YES NO

Was anyone injured? YES NO (If yes, complete Section C)

Was a motor vehicle involved? YES NO (If yes, complete Section E)

SECTION E: AUTO ACCIDENT

Was anyone injured? YES NO (If yes, complete Section C)

Was property damaged? YES NO (If yes, complete Section D)

VEHICLE 1: SMU OWNED, LEASED OR RENTED: YES NO

Driver's Name: _____ License State & No.: _____

Insurance Company: _____ Policy Number: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____ License Plate Number: _____

Description of Damage: _____

VEHICLE 2: SMU OWNED, LEASED, OR RENTED YES NO

Driver's Name: _____ License State & No.: _____

Insurance Company: _____ Policy Number: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____ License Plate Number: _____

Description of Damage: _____

SECTION F: REPORTER INFORMATION

FORM COMPLETED BY Faculty Staff Student Visitor

Name: _____ Phone: _____

Department: _____ Email: _____

I hereby certify that the above information is true and correct to my understanding of this incident.

Signature

Date and Time

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