First Report of Accident/Incident Form

Within 24 hours of accident/incident, return completed form to: Office of Risk Management PO Box 231

Main: 214-768-2083 / Fax Number: 214-768-4138 or Email: <u>riskmanagement@smu.edu</u>

SECTION A: ACCIDENT/INCIDENT DETAILS				
Check all that apply: ☐ Personal Injury/Illness ☐ Vehicle Accident ☐ Property Damage				
PERSON INVOLVED □ Faculty □	☐ Staff ☐ Student [☐ Visitor		
Name: Primary Phone:				
Home Address: Street Address	City	State	Zip Code	
Department (if applicable):	Supervisor (if applicable)	Name	Phone	
Purpose of visit to campus:				
INCIDENT REPORTED BY				
Name:	Primary Phone:			
Address: Street Address	City Sta	ate Z	Zip Code	
DETAILS				
Location: □ Main Campus □ SMU-East Campus □ SMU Plano □ SMU Taos □ Off Campus Building/Location:				
Accident/Incident: Date: Time: Accident Reported: Date: Time:				
Weather Conditions:				
Who was contacted? (Check all that Apply) □ Supervisor □ SMU Police □ M	Iunicipal Police ☐ Eme	rgency Medical	□ Parent	

SECTION B: PERSONAL INJURY SECTION				
Cause of Injury: Part of	Part of Body Injured:			
Witness Name(s): Conta	Contact Info:			
Witness Name(s): Conta	Contact Info:			
What happened to the injured party? (Check all that Apply) □ First Aid Administered □ Refused Treatment/Transport □ Left With Friend □ Transported to Hospital □ Returned to Work □ Went Home □ Went to Physician □ Unknown				
Was injury a result of a motor vehicle accident? \square YES \square NO (If yes, complete Section C) Was SMU property damaged? \square YES \square NO (If yes, complete Section D)				
was swite property damaged:				
SECTION C: AUTO ACCIDENT				
Vehicle 1: SMU Owned: □ YES □ NO	Vehicle 2 SMU Owned: □ YES □ NO			
Driver's Name:	Driver's Name:			
	Driver's License Number:			
Driver's License Number:	State: Driver DOB:			
State: Driver DOB:	Description of Vehicle: Make:			
Description of Vehicle:	License Plate Number:			
Make: Model:	Insurance:			
Year: Color:	Policy Number:			
License Plate Number:				
Insurance:				
Policy Number:				
Was SMU property damaged? ☐ YES ☐ NO (If.	ves, complete Section D)			
Vas anyone injured? ☐ YES ☐ NO (If yes, complete Section B)				
SECTION D: PROPERTY DAMAGE				

Cause of Damage(s):		Was building occupied? ☐ YES ☐ NO		
Witness Name(s):		Contact Info:		
Witness Name(s):		Contact Info:		
Was anyone injured? ☐ YES				
Was a motor vehicle involved? ☐ YES	□ NO	(If yes, complete Section C)		
SECTION E: DETAILED DESCRIPTION				
I hereby certify that the above information is true and correct to my understanding of this incident.				
Printed Name		Signature Date and Time		

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