

# 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: [riskmanagement@smu.edu](mailto:riskmanagement@smu.edu)

## 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

☐ Faculty ☐ Staff ☐ Student ☐ Visitor

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State 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 ☐ Municipal Police ☐ Emergency Medical ☐ Parent

## SECTION B: PERSONAL INJURY SECTION

**Cause of Injury:** \_\_\_\_\_ **Part of Body Injured:** \_\_\_\_\_

**Witness Name(s):** \_\_\_\_\_ **Contact Info:** \_\_\_\_\_

**Witness Name(s):** \_\_\_\_\_ **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?**    ☐ YES    ☐ NO    *(If yes, complete Section C)*

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

## SECTION C: AUTO ACCIDENT

### Vehicle 1:

SMU Owned: ☐ YES    ☐ NO

**Driver's Name:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Driver DOB:** \_\_\_\_\_

**Description of Vehicle:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

### Vehicle 2

SMU Owned: ☐ YES    ☐ NO

**Driver's Name:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Driver DOB:** \_\_\_\_\_

**Description of Vehicle:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

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

**Was anyone injured?**    ☐ YES    ☐ NO    *(If yes, complete Section B)*

## SECTION D: PROPERTY DAMAGE

