

UNIVERSITY OF RHODE ISLAND

Route this form to:
 Risk Control and Insurance
 75 Lower College Road, 118
 Kingston, RI 02881
 grace.guccione@uri.edu
 Fax: 401-874-9101

Bodily Injury/Property Damage Incident Report

*For University Employee Work Related Injuries – Refer to Form USP-14A (URI Incident/Injury Report Form)
 For Damage to University Property – Report Damage to the Office of Risk Management*

INCIDENT INFORMATION

<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Damage to Property of Others	Date of Report	Date of Incident	Time of Incident
Specific location of Incident (Street, Building, Room, etc)			

BODILY INJURY (Not for University Employee Work Related Injuries)

Name of Injured Person (Last, First, MI):	<input type="checkbox"/> Student <input type="checkbox"/> Public/Visitor
Address (Street, City, State, ZIP):	Phone No.:
Description of Incident – Explain in detail how the injury occurred and the conditions present at the time of loss (e.g., weather, construction, cleaning, etc):	
Extent of Injuries:	
Medical Care Provided (First Aid at Scene, Transported to Medical Facility, etc):	
What could be done to prevent recurrence?	

PROPERTY DAMAGE (Non-University Property)

Name of Property Owner (Last, First, MI):	
Address (Street, City, State, ZIP):	Phone No.:
Description of Damaged Property:	
Description of Incident – Explain in detail how the property damage occurred:	
University Police Report #:	

WITNESSES

Witness Name	Phone:	Witness Name:	Phone:
Address (Street, City, State, ZIP):		Address (Street, City, State, ZIP):	

REPORTED BY

Name:	Campus Address:	Phone:	Email:
Signature:		Date:	