



INCIDENT REPORT FORM

Email completed form to OUCH@utdallas.edu

If you have any questions, please contact the Office of Institutional Risk & Safety Programs via email at RiskInsurance@utdallas.edu

PERSON INVOLVED IN INCIDENT

Name: _____ Phone: _____

Address: _____ City/State: _____

Email Address: _____

UTD Affiliation at time of Incident: ☐ Student ☐ Employee ☐ Visitor ☐ Other: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ a.m. p.m. Date of Report: _____

Describe the Incident: _____

Location of the Incident: _____

If applicable, describe the Injury: _____

If applicable, describe any Property Loss/Damage: _____

Who was contacted? (*check all that apply*)

☐ Supervisor ☐ UTD Police ☐ Richardson Police ☐ Emergency Medical ☐ Other: _____

If applicable:

Vehicle Make/Model: _____ State/License Plate Number: _____

Vehicle Make/Model: _____ State/License Plate Number: _____

WITNESS INFORMATION

Name/Address: _____ Phone: _____

Name/Address: _____ Phone: _____

Completed By: _____ Date: _____

Email Address: _____ Phone: _____