

Use blue or black ink, if writing the report. Complete separate form for each injured person or property loss claim. Retain copy and send original to [Risk Management](#)<sup>1</sup>, Extended Zip 0004. Attach photos, if available.

#### I. General Information

- a. Name of Event: \_\_\_\_\_
- b. Special Event Certificate of Insurance Number: \_\_\_\_\_
- c. Location Where Accident/Incident Occurred: \_\_\_\_\_
- d. Date and Time of Incident: \_\_\_\_\_

#### II. For Injuries: Injured Person

- a. Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_
- b. Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- c. Describe Cause of Injuries:  
\_\_\_\_\_
- d. Nature and Extent of Injuries:  
\_\_\_\_\_
- e. Medical Attention Received:  
\_\_\_\_\_
- f. Name and Address of Attending Physician:  
\_\_\_\_\_

#### III. For Property Loss/Damage: Property Owner

- a. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Describe Property Loss:  
\_\_\_\_\_
- d. Describe any unsafe condition or unsafe act causing the loss:  
\_\_\_\_\_
- e. Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

#### IV. Signatures

- a. Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_
- b. Signature of Organization Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

<sup>1</sup> <https://www.sjsu.edu/fabs/services/risk/index.php>  
risk\_forms\_sp\_events\_report.pdf