

Use blue or black ink, if writing the report. Complete separate form for each injured person or property loss claim. Retain a copy and send original to [Risk Management](#)¹, Extended Zip 0008. 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: _____

¹ http://www.sjsu.edu/finance/about_us/risk_mgmt/