



# INCIDENT REPORT

Use this form to document vehicle accidents, theft, property damage or loss. This form should also be used to report injuries to ANR volunteers, 4-H members, program participants, or visitors. This form should not be used to report employee work-related injuries (i.e. Workers' Compensation). Employees should promptly report all injuries or illnesses to their supervisor.

Please submit this form within 48 hours of incidentwor

Date/Time of Incident: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date/Time Incident Report Completed: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Injured/Damaged Party 1 Information</b>			
Party's Name: _____		Home Telephone: _____	
Party's Address: _____		Work Telephone: _____	
Party's Affiliation: <input type="checkbox"/> UC Employee <input type="checkbox"/> County Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> 4-H Member <input type="checkbox"/> Other: _____			
<b>Vehicle Information (use this section for auto accidents):</b>			
Year: _____	Make: _____	Model: _____	License#: _____
Vehicle Ownership: <input type="checkbox"/> ANR <input type="checkbox"/> Leased <input type="checkbox"/> FEPP <input type="checkbox"/> Personal <input type="checkbox"/> ___ Campus <input type="checkbox"/> ___ County			
Specify type of damage to vehicle (Where & Type): _____			
<b>Property Damage (use only if there is property involved)</b> _____			
<i>Use the space provided at the end of this report to describe the incident</i>			
<b>Injured/Damaged Party 2 Information</b>			
Party's Name: _____		Home Telephone: _____	
Party's Address: _____		Work Telephone: _____	
Party's Affiliation: <input type="checkbox"/> UC Employee <input type="checkbox"/> County Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> 4-H Member <input type="checkbox"/> Other: _____			
<b>Vehicle Information (use this section for auto accidents):</b>			
Year: _____	Make: _____	Model: _____	License#: _____
Insurance Carrier: _____ Policy # _____			
Vehicle Ownership: <input type="checkbox"/> ANR <input type="checkbox"/> Leased <input type="checkbox"/> FEPP <input type="checkbox"/> Personal <input type="checkbox"/> ___ Campus <input type="checkbox"/> ___ County			
Specify type of damage to vehicle (Where & Type): _____			
<b>Property Damage (use only if there is property involved)</b> _____			
<i>Use the space provided at the end of this report to describe the incident</i>			
<b>Injured/Damaged Party 3 Information</b>			
Party's Name: _____		Home Telephone: _____	
Party's Address: _____		Work Telephone: _____	
Party's Affiliation: <input type="checkbox"/> UC Employee <input type="checkbox"/> County Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> 4-H Member <input type="checkbox"/> Other: _____			
<b>Vehicle Information (use this section for auto accidents):</b>			
Year: _____	Make: _____	Model: _____	License#: _____
Insurance Carrier: _____ Policy # _____			
Vehicle Ownership: <input type="checkbox"/> ANR <input type="checkbox"/> Leased <input type="checkbox"/> FEPP <input type="checkbox"/> Personal <input type="checkbox"/> ___ Campus <input type="checkbox"/> ___ County			
Specify type of damage to vehicle (Where & Type): _____			
<b>Property Damage (use only if there is property involved)</b> _____			
<i>Use the space provided at the end of this report to describe the incident</i>			
<b>Medical Treatment Information (if applicable)</b>			
Was First Aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom? _____	
Did the injured party(ies) receive medical treatment beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date and time injured party(ies) sought medical attention: _____	
<input type="checkbox"/> AM <input type="checkbox"/> PM			
Medical Care Provider Name (hospital/physician): _____			
Address: _____		Telephone: _____	

Use this section if more than one party

Use this section if more than two parties

Submit completed form to ANR Risk Services as soon as possible, but no later than 48 hours after the incident. See instructions on last page.



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Location where incident occurred (street address or building/room #):

Nature of Injury, property damage or loss (list parts of body and type of injury, i.e., sprained right ankle or specify damage):

Describe how the incident occurred (please just list the facts as you know them; do not speculate as to the cause of the incident):

**Witness Information (if applicable)**

Name, address and telephone number of witnesses (witnesses may be contacted by Risk Services or other UC officials to investigate the incident):

**Police or Other Agency Report (if applicable)**

Was a police report filed?  Yes  No

Reporting Agency: \_\_\_\_\_ Report #: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

**Reporting Party Information**

Reporting Party Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Title/Job Classification: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

ANR Office/Location: \_\_\_\_\_

Reporting Party Affiliation:  UC Employee  County Employee  Contract Employee  Volunteer  Other: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reporting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This is a CONFIDENTIAL report to provide information for use by ANR Risk Services, legal counsel, and the University's insurers in the event a claim is filed against the Regents of the University of California or its employees. This information should not be given to anyone except authorized University officials or agents.**

Use this section to provide additional information or details. Please attach any photos, diagrams, or other related documents

## Instructions for Completing ANR Incident Report Form:

### *General Guidelines*

This form is intended to record the initial facts of an incident. Only fill out the sections that apply to your incident/accident. Attach additional sheets as needed to describe the incident. Please do not include opinion or speculation in the report. You are not expected to conduct an investigation of the incident. If an investigation is warranted, it will be conducted by another agency (i.e.: police, fire department, insurance company, etc.) or initiated by UC ANR Risk Services. This form will be kept confidential and only used by UC officials or agents acting on behalf of the University. If you have any questions about this form, contact Risk Services at (530) 750-1263.

### *When should this form be used?*

To report any incident, accident or near miss involving ANR employees, volunteers, 4-H members, or property. The form is for either severe or minor incidents, property damage, theft, or other losses, including motor vehicle accidents. The form should also be used to report injuries to non-employees (i.e.: volunteers, youth members, visitors) participating in UC ANR activities or events. Employee injuries must be reported using the [UCD Employer's Report of Occupational Injury or Illness](#).

### *Who should use this form?*

Any ANR affiliate (employee, volunteer, etc.) may use this form.

### *What if I do not have all of the requested information?*

Fill out the form as completely as possible, but it is understood that some information may not be applicable or available in many cases. Please submit basic information within 48 hours, you can amend the report later if more information becomes available.

### *Who should I call about the incident?*

Report to the incident to your immediate supervisor (volunteers should report to a UC ANR staff member) as soon as practical. If they are not available call the Risk Services Office at (530) 752-7481.

### *What do I do with the completed form?*

Volunteers or other non-employees - submit the completed form to your UC Cooperative Extension (UCCE) County Office. Volunteers at Research & Extension Centers (RECs) should submit the form to the REC office.

Employees - retain a copy of the completed form at your office and submit the completed form to:

ANR Risk Services  
2801 Second St.  
Davis, CA 95618-7774

Telephone: (530) 750-1263  
Fax: (530) 756-1113  
e-mail: [olharris@ucanr.edu](mailto:olharris@ucanr.edu)

### *Where do I obtain a copy of the Incident Report form?*

You may obtain copies of the Incident Report form from any CE County Office or on the internet at: <http://ucanr.org/risk>

**Note:** 4-H members, 4-H adult volunteers, Master Gardener, or Master Food Preserver volunteers may be eligible for "Accident and Sickness" Coverage through an Accident Insurance Program policy with The Hartford Life & Accident Insurance Company. See your local County office to obtain the Hartford claim form. Please fill out this incident report in addition to the Hartford claim form.