



# INCIDENT REPORT UNIVERSITY OF CALIFORNIA AGRICULTURE AND NATURAL RESOURCES

Date/Time of Incident: \_\_\_\_\_  AM  PM      Date/Time Incident Report Completed: \_\_\_\_\_  AM  PM

**Injury Information (if applicable)**

Injured Party's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Injured Party's Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Injured Party's Affiliation:     UC Employee    County Employee    Contract Employee    Volunteer    4-H Member    Other: \_\_\_\_\_  
 Location where incident occurred (street address or building/room #):

Nature of Injury (list parts of body affected and type of injury, i.e., sprained right ankle):

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

**Medical Treatment Information (if applicable)**

Was First Aid administered?     Yes    No      If yes, by whom? \_\_\_\_\_  
 Did the injured party receive medical treatment beyond first aid?     Yes    No      If yes, date and time injured party sought medical attention: \_\_\_\_\_  AM  PM  
 Medical Care Provider Name (hospital/physician): \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Property Damage/Loss Information (if applicable)**

Property Owner's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Property Owner's Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Property Owner's Affiliation:     UC Employee    County Employee    Contract Employee    Volunteer    4-H Member    Other: \_\_\_\_\_  
 Nature and extent of damage/loss (please attach photographs or diagrams if available):

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

Was a police report filed?     Yes    No      Reporting Agency/Officer: \_\_\_\_\_ Report #: \_\_\_\_\_

**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):

*This form is intended for documentation of major or minor injuries, accidents, property damage or loss, and near-miss incidents.  
 This is not a substitute for Workers' Compensation injury reporting forms. Promptly report all injuries or illnesses to your supervisor.  
 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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**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


## Instructions for Completing ANR Incident Report Form:

### *General Guidelines*

This form is intended to record the initial facts of an incident. 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) 752-7481.

### *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, including motor vehicle accidents. This form can be used for reporting minor injuries of employees (those that do not require medical attention beyond first aid), but is not a substitute for Workers' Compensation forms.

### *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 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.

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

ANR Risk Services  
Ag. Field Station Bldg.  
One Shield Ave.  
Davis, CA 95616

Telephone: (530) 752-7481  
Fax: (530) 752-3930  
e-mail: [olharris@ucdavis.edu](mailto:olharris@ucdavis.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 YDP members or adult volunteers may be eligible for "Accident and Sickness" Coverage through a California 4-H Accident Insurance Program policy with Hartford Life & Accident Insurance Company. See your local County 4-H office to obtain the Hartford claim form. Please fill out this incident report in addition to the Hartford claim form.