



ENTERPRISES Incident Report Form

Use this form to report any incident related to a **nonemployee** injury or property damage. For any employee work related injuries do not use this form, see [Worker Compensation](#) information. If you need assistance with an incident, contact CSE Human Resources (csehr@csuchico.edu or 530-898-3536). For immediate assistance after business hours, contact University Police at 530-898-5555.

Please forward the completed Incident Report to csehr@csuchico.edu.

REPORTER INFORMATION		
Name:		
Title:		
Phone #:		
Email:		
INFORMATION ON THE INCIDENT		
Nature of the activity:		
Place of the activity:		
Date of the incident:	Time of the incident:	
Exact location of the incident:		
Weather Conditions (if applicable):		
Name of Supervisor/Leader in charge at the time:		
Description of incident (if vehicle involved, attach owner, driver, registration info on separate page.)		
Witness Name:	Phone:	Email:
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COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO THE POLICE		
Police Station Name, Number:		
Police Station Address:		
Name and Phone Number of Officer in Charge:		
INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY		
Name:	Birth date:	
Address:		
Phone Numbers:	Home:	Work:
Please describe nature of injury or property damage		
Complete if applicable:	Name of doctor consulted:	Phone:
Complete if applicable:	Name & address of hospital/clinic:	Phone: