

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](#)¹, 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: _____
- 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 <https://www.sjsu.edu/fabs/services/risk/index.php>