

**Bodily Injury/Property Damage Incident Report**

**Route this form to:**  
 Risk Management Office  
 208 WBOB  
 Minneapolis, MN 55454  
 Email: [orm@umn.edu](mailto:orm@umn.edu)  
 Fax: 612-625-7384

**U Wide Form:**  
**UM 1707**

**Rev:** 4/13/09

**For University Employee Work Related Injuries – [Refer to Reporting Workers Compensation Related Injuries Policy](#)  
 For Damage to University Property – Report Damage to the Office of Risk Management**

**INCIDENT INFORMATION**

<input type="checkbox"/> Bodily Injury	Date of Report	Date of Incident	Time of Incident
<input type="checkbox"/> Damage to Property of Others			
Specific location of incident (Street, Building, Room, etc)			

**BODILY INJURY (Not for University Employee Work Related Injuries)**

Name of Injured Person (Last, First, MI):	<input type="checkbox"/> Student <input type="checkbox"/> Public/Visitor
Address (Street, City, State, ZIP):	Phone No.:
Description of Incident – Explain in detail how the injury occurred and the conditions present at the time of loss (e.g., weather, construction, cleaning, etc):	
Extent of Injuries:	
Medical Care Provided (First Aid at Scene, Transported to Medical Facility, etc):	
What could be done to prevent recurrence?	

**PROPERTY DAMAGE (Non-University Property)**

Name of Property Owner (Last, First, MI):	
Address (Street, City, State, ZIP):	Phone No.:
Description of Damaged Property:	
Description of Incident – Explain in detail how the property damage occurred:	
University Police Report #:	

**WITNESSES**

Witness Name	Phone:	Witness Name:	Phone:
Address (Street, City, State, ZIP):		Address (Street, City, State, ZIP):	

**REPORTED BY**

Name:	Campus Address:	Phone:	Email:
Signature:		Date:	