# University of Houston System Risk Management
## Tort / Liability Incident Reporting Form

<table>
<thead>
<tr>
<th>Claimant Name(s)</th>
<th>Campus Police Notified? Circle One:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of incident:</th>
<th>Time:</th>
<th>A.M.</th>
<th>P.M.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Claimant Status:</th>
<th>Circle One:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student</td>
</tr>
</tbody>
</table>

“Employee” includes faculty, staff or employed students

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Department:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Claimant Phone:</th>
<th>Hm.</th>
<th>Wk.</th>
<th>Other</th>
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<table>
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<tr>
<th>Claimant Address:</th>
<th></th>
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</table>

A. Incident description (use additional sheet if necessary)

1. Where did the incident happen? Provide a full description of the surrounding of the location and photos.

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

2. What was happening at the time of the incident? What was the sequence of events leading up the incident? Include names of persons involved and contact information.

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

3. Identify known physical conditions relating to the injury (e.g. hole in pavement). Include only factual information; if contributing causes are obvious, state as such. Include weather conditions if they are a factor.

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

4. Describe any injuries incurred, what body part(s) and what kind(s) of injury(ies). If there are no observed injuries, indicate “No injuries noted.”

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

5. Describe any property damage; include photographs if possible.

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________
B. Witness Statements

All witnesses should complete the attached “Witness Statement.” Be sure it accompanies the report when submitting it to the System Risk Management.

<table>
<thead>
<tr>
<th>Signature of Reporter</th>
<th>Date</th>
</tr>
</thead>
</table>

**DISTRIBUTION**

**Original:**
UH System Risk Management  
Ezekiel W. Cullen Building, Room 22

**Copies:**
Director/Manager of Applicable Department or Section

*Maintain one copy in the site file for 5 years.*

NOTE: If the injured party is an employee, notify the Component Workers Compensation Claims Coordinator.