

The University of Alabama - General Incident Report

Directions: This form is to be completed by a faculty member or staff member. Include only factual information. Once complete, the form should be saved to your computer and sent via email to rplumb@fa.ua.edu. If you have questions, please call Robby Plumb in Risk Management at (205) 348-7521 (office) or (205) 482-3882 (mobile).

Name of reporting person: _____ Office phone: _____
Cell phone: _____ Department: _____ Email address: _____

Date of incident: ___/___/____ Estimated time of incident: ___:___ Check one: ___AM or ___PM

Type of incident (check all that apply): ___Automobile accident ___Personal injury ___Property damage
___Property theft or disappearance ___Other, explain: _____

Location of incident (street intersection, building name, room number, etc.): _____

Brief description of the incident: _____

Describe the damage to UA property, nature of the personal injury, items stolen or disappeared, etc.: _____

Was UAPD or another responding agency called? (Check one) ___Yes or ___No If yes, please provide the name of the responding agency: _____

Is a report from the agency expected? (Check one) ___Yes ___No or ___Unknown

Please provide the report number if available: _____

It is very important that you record as much information as possible below for everyone who was involved or witnessed the incident.

Person 1 Name: _____ Cell phone: _____ Work phone: _____

Home phone: _____ CWID number: _____ Driver's license number: _____

Home address: _____

This person (check all that apply): ___was driving a UA vehicle ___was driving a non-UA vehicle
___was injured ___had property damage ___witnessed the incident ___was early on the scene
___had property stolen or disappear ___other (describe here): _____

Person 2 Name: _____ Cell phone: _____ Work phone: _____

Home phone: _____ CWID number: _____ Driver's license number: _____

Home address: _____

This person (check all that apply): ___was driving a UA vehicle ___was driving a non-UA vehicle
___was injured ___had property damage ___witnessed the incident ___was early on the scene
___had property stolen or disappear ___other (describe here): _____

Person 3 Name: _____ Cell phone: _____ Work phone: _____

Home phone: _____ CWID number: _____ Driver's license number: _____

Home address: _____

This person (check all that apply): ___was driving a UA vehicle ___was driving a non-UA vehicle
___was injured ___had property damage ___witnessed the incident ___was early on the scene
___had property stolen or disappear ___other (describe here): _____

If more than three people were involved or witnessed the incident, record their information and provide it to Robby Plumb in Risk Management. (See contact information above.)