



INCIDENT REPORT FORM

PERSON INVOLVED IN INCIDENT

Full Name

Email

Address

UTD Phone Number

Cell/Home Phone Number

Date of Birth

Driver's License # or ID #

Role/Reason at UT Dallas

PROPERTY/VEHICLE DAMAGE

Location of Incident

Date & Time of Incident

Vehicle Description/Owner

Describe the incident. Include any damage to the property and/or vehicle.

PERSONAL INJURY

Location of Incident

Date & Time of Incident

Location of Medical Care

Describe the incident and any bodily injury sustained. Please be specific about the body part(s) affected.

WITNESS

Full Name

Email

Address

Cell/Home Phone Number

INSTRUCTIONS

Email completed form to riskinsurance@utdallas.edu OR drop off form at Risk Management and Environmental Health & Safety ([SG 1.212](#)).
If you have any questions, please contact Annette Rogers at annette.rogers@utdallas.edu or 972-883-2369.