

DARTMOUTH

DARTMOUTH COLLEGE STUDENT/VISITOR/GUEST INCIDENT REPORT

Dartmouth policy requires that this report be filed within 24 hours of occurrence. This report must be completed in its entirety and faxed to Risk Management and Insurance at 603-646-9199 and emailed to Lisa.A.Roche@Dartmouth.edu and Risk.Management@dartmouth.edu.

Date of Incident: _____ Time: _____ Place: _____

Describe in detail what happened:

STUDENT/VISITOR/GUEST INFORMATION

Name: _____ Age: _____ DOB: _____ Phone: _____

Address:

Relationship to Dartmouth:

Reason on campus:

Nature/extent of injury: (describe type, severity and body part / please note if no injury)

Did injured party seek or receive medical treatment:

Name of physician/hospital:

Student/Visitor/guest's pre-incident condition:

Was the student/visitor carrying anything?

Type of footwear worn by student/visitor/guest:

WITNESSES: (Provide name, address, and phone #)

#1:

#2:

#3:

#4:

RESPONDING AGENCY:

Safety & Security Notified: Yes No Officer: _____

Did an ambulance or emergency personnel respond: Yes No Name: _____

Police: Yes No Department: _____ Officer: _____

Address: _____ Phone: _____

Photos taken: Yes No by whom: _____

CONDITIONS (please comment on the following)

Weather: Clear Rain Snow Sleet Fog

Type of surface: Paved Concrete Gravel Dirt Lawn Wood Tile Carpet

Condition of surface: Clear Dry Wet Snow Icy Rutted Uneven Even

Lighting: Daylight Dark Dawn Dusk Artificial

Visibility: Excellent Good Fair Poor

Did the incident happen inside or outside?

Did the incident happen on a construction site or due to construction debris?

If yes, name of the contractor involved:

Any other contributing factors or facts you wish us to know:

Reporting employee's signature: _____ Date: _____

Title of reporting employee: _____ Phone: _____

Department: _____