



Office of Risk Management

4400 University Drive, MSN 6D6, Fairfax, VA 22030
Phone: 703-993-2599; Fax: 703-993-2339

INCIDENT REPORT FORM

In compliance with University Policy 1404 (Reporting of Crimes, Accidents, Fires and Other Emergencies) complete this form to report any non-auto related incident resulting in bodily injury or personal damage. Send the completed form within 24 hours of the incident to the Office of Risk Management. Should you have any questions, contact the Office of Risk Management at 703-993-2599, risk@gmu.edu. If injured person is a Mason employee, please complete the first report of injury form and submit it to HR.

Table with 3 columns: FAX, MAILING ADDRESS, PHYSICAL ADDRESS. FAX: 703-993-2339. MAILING ADDRESS: Office of Risk Management, 4400 University Drive., MSN 6D6, Fairfax, VA 22030. PHYSICAL ADDRESS: 4441 George Mason Blvd, Suite 3200, Fairfax, VA 22030.

SPECIFIC LOCATION OF THE INCIDENT: (Please include: street, building, room, etc.)

Date of Incident: [input box]

Time of Incident: [input box]

[Large empty box for specific location of incident]

DESCRIPTION OF INCIDENT:

(Explain in detail the manner in which the incident or loss occurred. Please state the conditions present at the time of the loss ie., weather, construction, cleaning. Use additional pages if more space is needed).

[Large empty box for description of incident]

Is the injured party a student or employee? [input] Student [input] Employee [input] Other

If injured party is an employee of Mason, has your supervisor completed a first report of injury and submitted it to the Workers' Compensation Office (703-993-7756)? [input] Yes [input] No

Were Mason Police notified?

Yes No

If yes, date Mason Police were notified:

Case Number:

What was your purpose at Mason?

Were there any witnesses to the injury? Yes No

Name

Address

City

State

Zip Code

FOR POTENTIAL BODILY INJURY CASES, GIVE THE NAME, ADDRESS, AND PHONE NUMBER OF THE INJURED PARTY:

Name

Address

City

State

Zip Code

Email Address

BRIEFLY DESCRIBE THE NATURE OF THE INJURY:

Was medical treatment administered for the injury?

Yes No

IF THE LOSS IS STRUCTURAL IN NATURE OR INVOLVES EQUIPMENT, INCLUDE A LIST OF THE ITEMS DAMAGED/LOST/ STOLEN AND AN ESTIMATE OF THE REPAIR/REPLACEMENT COSTS. (Use additional pages if more space is needed)

Provide your preliminary plans for recovery and relocation (if applicable).

Person Reporting Incident:

Title:

Department:

MSN #:

Phone Number:

Email Address:

Signature:

Date:
