



University of California Merced Incident Report Form

(incidents involving employees, students, visitors)

INCIDENT DATE: _____
INCIDENT TIME: _____
INCIDENT LOCATION: _____

INCIDENT TYPE (Check type)

- ☐ EXPOSURE
☐ INJURY (MINOR/FIRST AID)
☐ NEAR MISS
☐ PROPERTY DAMAGE (<\$1000)
☐ RELEASE TO THE ENVIROMENT
☐ SAFETY CONCERN
☐ VEHICLE INCIDENT (<\$500)

☐ Victim ☐ Witness ☐ Employee
☐ Student ☐ Visitor (Check any that apply)

NAME: _____
ADDRESS: _____
TEL # _____
VEHICLE (If Involved)
MAKE & MODEL _____
LIC# _____
INS. CO. _____

☐ Victim ☐ Witness ☐ Employee
☐ Student ☐ Visitor (Check any that apply)

NAME: _____
ADDRESS: _____
TEL # _____
VEHICLE (If Involved)
MAKE & MODEL _____
LIC# _____
INS. CO. _____

REPORTING PARTY INFORMATION

NAME: _____
DEPT: _____
TEL # _____
DATE: _____

DESCRIPTION OF INCIDENT/LOSS

Use narrative format, describe chronologically including: who, what, when, where, how and why (if applicable).

Attach any Supporting Documents (e-mail, photos)

Were Police Notified of Loss? ☐ YES ☐ NO

PLEASE SEND COMPLETED FORM TO RISK SERVICES

This is a CONFIDENTIAL report to provide information for use by Risk Services, legal counsel, and the University's insurers in the event a claim is filed against the Regents of the University of California or its employees. This information should not be given to anyone except authorized University officials or agents.

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