University of California
Agriculture and Natural Resources

Risk & Safety Services

Making a Difference for California

INCIDENT REPORT

Use this form to document vehicle accidents, theft, property damage or loss. This form should also be used to report injuries to ANR volunteers, 4-H members, program participants, or visitors. This form should not be used to report employee work-related injuries (i.e. Workers' Compensation). Employees should promptly report all injuries or illnesses to their supervisor.

Please submit this form within 48 hours of incident

Date/Time of Incident: _____ ☐ AM ☐ PM Date/Time Incident Report Completed: _____ ☐ AM ☐ PM

Injured/Damaged Party 1 Information

Party's Name: _____ Home Telephone: _____

Party's Address: _____ Work Telephone: _____

Party's Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ 4-H Member ☐ Other: _____

Vehicle Information (use this section for auto accidents):

Year: _____ Make: _____ Model: _____ License#: _____

Vehicle Ownership: ☐ ANR ☐ Leased ☐ FEPP ☐ Personal ☐ ____ Campus ☐ ____ County

Specify type of damage to vehicle (Where & Type): _____

Property Damage (use only if there is property involved) _____

Use the space provided at the end of this report to describe the incident

Use this section if more than one party

Injured/Damaged Party 2 Information

Party's Name: _____ Home Telephone: _____

Party's Address: _____ Work Telephone: _____

Party's Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ 4-H Member ☐ Other: _____

Vehicle Information (use this section for auto accidents):

Year: _____ Make: _____ Model: _____ License#: _____

Insurance Carrier: _____ Policy # _____

Vehicle Ownership: ☐ ANR ☐ Leased ☐ FEPP ☐ Personal ☐ ____ Campus ☐ ____ County

Specify type of damage to vehicle (Where & Type): _____

Property Damage (use only if there is property involved) _____

Use the space provided at the end of this report to describe the incident

Use this section if more than two parties

Injured/Damaged Party 3 Information

Party's Name: _____ Home Telephone: _____

Party's Address: _____ Work Telephone: _____

Party's Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ 4-H Member ☐ Other: _____

Vehicle Information (use this section for auto accidents):

Year: _____ Make: _____ Model: _____ License#: _____

Insurance Carrier: _____ Policy # _____

Vehicle Ownership: ☐ ANR ☐ Leased ☐ FEPP ☐ Personal ☐ ____ Campus ☐ ____ County

Specify type of damage to vehicle (Where & Type): _____

Property Damage (use only if there is property involved) _____

Use the space provided at the end of this report to describe the incident

Medical Treatment Information *(if applicable)*

Was First Aid administered? ☐ Yes ☐ No If yes, by whom? _____

Did the injured party(ies) receive medical treatment beyond first aid? ☐ Yes ☐ No

If yes, date and time injured party(ies) sought medical attention: _____ ☐ AM ☐ PM

Medical Care Provider Name (hospital/physician): _____

Address: _____ Telephone: _____

Submit completed form to ANR Risk Services as soon as possible, but no later than 48 hours after the incident. See instructions on last page.

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Location where incident occurred (street address or building/room #):

Nature of Injury, property damage or loss (list parts of body and type of injury, i.e., sprained right ankle or specify damage):

Describe how the incident occurred (please just list the facts as you know them; do not speculate as to the cause of the incident):

Witness Information *(if applicable)*

Name, address and telephone number of witnesses (witnesses may be contacted by Risk Services or other UC officials to investigate the incident):

Police or Other Agency Report *(if applicable)*

Was a police report filed? ☐ Yes ☐ No Reporting Agency: _____ Report #: _____

Officer Name: _____ Badge #: _____

Reporting Party Information

Reporting Party Name: _____ Home Telephone: _____

Title/Job Classification: _____ Work Telephone: _____

ANR Office/Location: _____

Reporting Party Affiliation: ☐ UC Employee ☐ County Employee ☐ Contract Employee ☐ Volunteer ☐ Other: _____

Name of Supervisor: _____ Telephone: _____

Reporting Party Signature: _____ Date: _____

This is a CONFIDENTIAL report to provide information for use by ANR 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.

Use this section to provide additional information or details. Please attach any photos, diagrams, or other related documents

Instructions for Completing ANR Incident Report Form:

General Guidelines
This form is intended to record the initial facts of an incident. Only fill out the sections that apply to your incident/accident. Attach additional sheets as needed to describe the incident. Please do not include opinion or speculation in the report. You are not expected to conduct an investigation of the incident. If an investigation is warranted, it will be conducted by another agency (i.e.: police, fire department, insurance company, etc.) or initiated by UC ANR Risk Services. This form will be kept confidential and only used by UC officials or agents acting on behalf of the University. If you have any questions about this form, contact Risk Services at (530) 750-1263.

When should this form be used?
To report any incident, accident or near miss involving ANR employees, volunteers, 4-H members, or property. The form is for either severe or minor incidents, property damage, theft, or other losses, including motor vehicle accidents. The form should also be used to report injuries to non-employees (i.e.: volunteers, youth members, visitors) participating in UC ANR activities or events. Employee injuries must be reported using the UCD Employer's Report of Occupational Injury or Illness.

Who should use this form?
Any ANR affiliate (employee, volunteer, etc.) may use this form.

What if I do not have all of the requested information?
Fill out the form as completely as possible, but it is understood that some information may not be applicable or available in many cases. Please submit basic information within 48 hours, you can amend the report later if more information becomes available.

Who should I call about the incident?
Report to the incident to your immediate supervisor (volunteers should report to a UC ANR staff member) as soon as practical. If they are not available call the Risk Services Office at (530) 750-1263.

What do I do with the completed form?
Volunteers or other non-employees - submit the completed form to your UC Cooperative Extension (UCCE) County Office. Volunteers at Research & Extension Centers (RECs) should submit the form to the REC office.

Employees - retain a copy of the completed form at your office and submit the completed form to:

ANR Risk Services
2801 Second St.
Davis, CA 95618-7774

Telephone: (530) 750-1263
Fax: (530) 756-1113
e-mail: olharris@ucanr.edu

Where do I obtain a copy of the Incident Report form?
You may obtain copies of the Incident Report form from any CE County Office or on the internet at: http://ucanr.org/risk

Note: 4-H members, 4-H adult volunteers, Master Gardener, or Master Food Preserver volunteers may be eligible for "Accident and Sickness" Coverage through an Accident Insurance Program policy with The Hartford Life & Accident Insurance Company. See your local County office to obtain the Hartford claim form. Please fill out this incident report in addition to the Hartford claim form.

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