



University of California, Santa Barbara  
**Notice of Incident**

**INSTRUCTIONS**

Use the Notice of Incident form to report (1) exposures, injuries, and near misses involving non-UC employees (students, visitors, etc.) who is engaged in UC activities or on UC property, (2) damage to University property, (3) a UC related event that results in damage to non-UC property, or (4) auto accidents on UC property that do not involve UC employees or vehicles. See the UCSB Risk Management website for information about Incident Reporting. THE INCIDENT REPORT IS A CONFIDENTIAL - ATTORNEY/CLIENT PRIVILEGED DOCUMENT. Do not share it with anyone except authorized University officials. Attach photos and diagrams. Submit completed form to UCSB Risk Management as soon as possible.

**REPORTING PARTY**

Name of Reporting Party: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

**INCIDENT**

Date: \_\_\_\_\_ Time of day: \_\_\_\_\_ Location \_\_\_\_\_

CATEGORY:  Exposure  Injury  Near Miss  Property Damage  Automobile  Other: \_\_\_\_\_

Describe Incident:

ATTACHMENTS:  Photo(s)  Diagram(s)  Staff statement(s)  Witness statement(s)  Other: \_\_\_\_\_

REPORTED TO:  UCSB Police  Local Police  Sheriff  CHP  Paramedic  Other: \_\_\_\_\_

Name of Emergency Responder: \_\_\_\_\_ Report No: \_\_\_\_\_ Tel: \_\_\_\_\_

**INJURED PARTY - BODILY INJURY**

Name of Injured Party: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Other Information: \_\_\_\_\_

Male  Female    Relation to UC:  Student  Visitor  Volunteer  Non-UC Event Attendee  Other \_\_\_\_\_

Describe injury (if any): \_\_\_\_\_

How was injury caused: \_\_\_\_\_

If treated, where: \_\_\_\_\_ Name of doctor: \_\_\_\_\_ Tel.: \_\_\_\_\_

**PROPERTY DAMAGE**

Property damaged: \_\_\_\_\_

Owner (if not Injured Party): \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Describe damage: \_\_\_\_\_

How was damage caused: \_\_\_\_\_

**WITNESSES**

Witness: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Bus. Tel: \_\_\_\_\_

Witness: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Bus. Tel: \_\_\_\_\_

Witness: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Bus. Tel: \_\_\_\_\_