UNIVERSITY OF KANSAS

REPORT OF INCIDENT – PLEASE PRINT CLEARLY

Please be as accurate as possible. We encourage reporting of all incidents of injury or property damage.

Date of Incident:	Time of Incident:		
Location of Incident:			
Type of Incident: Property Da	amage Personal Injury	☐ Auto Accident ☐ Other	
Police Called? Yes No	LPD □ KUPSO □	Other Police Report #	
Name of person reporting in	cident:		
Faculty/staff	Student	Non-affiliate/visitor	
Address			
Phone numbers	Cell:	Home/Alternate:	
Email:			
injury. If injury or illness, gi	ive name of hospital or oth	es of individual(s) involved, nature of incident or ther medical facility and narrative description of s and/or damages, if available. Continue onto	

Signature:	Date	:, 20
W. Please list all witnesses who observed o	ITNESSES or may otherwise have kn	owledge of the incident.
Name	Cell:	Work:
		TOTAL
Name	Cell:	Work:
Name	Cell:	Work: