

## Incident/Accident Report

Report all incidents within 24 hours. For emergencies, call 911 first, then Campus Security at (903) 927-3310.

### Report Information

**Date of Incident \***

(MM/DD/YYYY)

**Time of Incident \***

**Location (Building/Room/Area) \***

### Person Reporting

**Name**

**Phone**

**Department**

**Email**

### Person(s) Involved

**Name**

**Status**

Student

Employee

Visitor

Contractor

**Contact Phone**

**Incident Details**

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**Type of Incident**

- ☐ Injury/Accident
- ☐ Property Damage
- ☐ Near Miss
- ☐ Theft
- ☐ Other

**Description of Incident \***

**Injury Information (if applicable)**

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**Describe injuries sustained**

**Medical Treatment**

- ☐ None
- ☐ First Aid
- ☐ Doctor/Clinic
- ☐ Emergency Room
- ☐ Hospitalized

**Witnesses**

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**Witness 1 Name and Phone**

**Witness 2 Name and Phone**

**Signature of Person Reporting**

\_\_\_\_\_

Date:

\_\_\_\_\_

Sign above

**Date Reported**

(MM/DD/YYYY)