

**CLARION UNIVERSITY OF PENNSYLVANIA
REPORT OF INCIDENT/ACCIDENT**

Date of Incident/Accident: _____ Time of Incident/Accident: _____

Location of Incident/Accident (Please be specific): _____

Persons Injured

Name	Address	Phone#	Age	Extent of Injury

(If applicable) Property Damage: Estimated Amount of Damage _____

Owner	Address	Property Description	Damage Description

Description of Incident/Accident

(If Available) Witnesses:

Name	Address	Phone Number

Report Submitted by:

Name Printed	Signature	Date