NSHE BUSINESS CENTER SOUTH
Department of Risk Management and Safety
4505 Maryland Parkway, Las Vegas, Nevada 89154-1042
Phone (702)-895-4226 Fax (702) 895-4690

INCIDENT REPORT

Institution: ☐ **UNLV** ☐ **CSN** ☐ **NSC**

Campus:

Date of Incident: Time of Incident: ☐ a.m. / ☐ p.m.

Specific Location (Building/Parking Lot/Stairwell/Classroom:

***Personal Information of Involved Party*:**

Name:
Address:
Phone Number: Date of Birth: Gender: ☐ M / ☐ F

Circle one: ☐ Student ☐ Faculty/Staff ☐ Guest ☐ Contractor

Type of Incident: ☐ Liability ☐ Property Damage ☐ Vehicle Damage ☐ Medical ☐ Other

Description of Incident:

Nature of Injury or Illness or Property Damage:

Police Notified? Police Report Filed? Police Report #:
Witnesses:
Phone #:

Name of Person Completing Form:
Date: Phone
Signature: _____ Department:

(6/'11)

NSHE BUSINESS CENTER SOUTH
Department of Risk Management and Safety
4505 Maryland Parkway, Las Vegas, Nevada 89154-1042
Phone (702)-895-4226 Fax (702) 895-4690

WRITTEN STATEMENT

Date:

Name of Person Writing Statement (Print):

Status: ☐ Employee ☐ Student ☐ Guest ☐ Contractor ☐ Other

Address: Phone #:

☐ Party of the Incident ☐ Witness of the Incident ☐ Other

***Statement Regarding Incident** (include date, time, your location, weather conditions, etc…):*

Signature: _____ Date: _____

(6/'11)