Old Dominion University
Office of Risk Management
Incident Report Form

Complete this form to report any **non-auto** related incidents resulting in bodily injury or property damage. Send the completed form within 24 hours of the incident to the Office of Risk Management. Please contact the Office of Risk Management at (757) 683-4009, if you have any questions.

Fax	Mailing Address	Email
757-683-3958	Office of Risk Management 4401 Powhatan Avenue Norfolk, VA. 23529	rphunter@odu.edu kblow@odu.edu

Time and date of incident:
Specific location of incident (street, building, room, etc.)
Description of incident: Explain in detail, the manner in which the incident/loss occurred. Please state the conditions present at the time of loss (e.g., weather, construction, cleaning) Use additional pages if more space is needed.
Were Old Dominion University Police notified? Yes No
If Yes, provide the date of notification: Report #

For potential bodily injury cases, please give the name, address and phone numbers of the injured party:
Briefly describe the nature of the injury:
Was medical treatment administered for the injury? Yes No If Yes, what individual or organization provided the treatment?

Is the injured party an Old Dominion University employee or Student?	Yes	No
Were there any witnesses to the injury?	Yes	No
If Yes, provide their names, addresses and phone numbers. Use additional pages if more space needed.		

If the loss is structural in nature or involves equipment, include a list of the items damaged/lost/stolen and an estimate of the repair/replacement cost.
Provide your preliminary plans for recovery and relocation (If applicable)

Person reporting incident:
Title:
Department:
Address:
Phone No.
Email address:
Signature:
Date: