

**H.U. INSURANCE DEPARTMENT
INCIDENT REPORT**

To Be Filled Out by Harvard Employee/Department

1. H.U. Contact Name: _____
Department/Address: _____
Telephone#: _____

2. Date of Incident: _____

3. Location of Incident: _____

4. Person(s) injured or owner of property damaged/stolen etc.:
Name: _____
Home Address: _____
Telephone #: _____ (Home#) _____ (Work #)

5. Brief Description of Incident:

6. Condition of Premises: (If applicable to incident)

7. Weather Conditions: (If applicable to incident)

8. Witnesses Name(s) _____
Address _____
Telephone # _____

9. Medical Assist/ Transported By: _____

10. Additional Comments - Please use separate sheet if necessary. Note any relevant facts that you are aware of regarding the injury or property damage/loss.

RETURN COMPLETED FORM TO:
Harvard University - Insurance Department
1033 Massachusetts Ave., Suite 360 Cambridge, MA 02138
Tel. 617-496-8830 - Fax: 617- 496-0505