

**AUSTIN PEAY STATE UNIVERSITY  
DEPARTMENTAL INCIDENT REPORT**

Name(s) of potential claimant(s)

Address(es)

Date and time of incident

Weather conditions

Location of incident/names/addresses and details of parties and witnesses (attach sketch if necessary)

Direction of travel

If APSU employee, state duties and whether incident is job related

Was state vehicle/equipment involved (Yes or No). Make, model, year, color, tag

Activities at time of incident

Nature of injuries

(If available, provide medical record/physician and/or hospital cost)

Factors contributing to incident or accident (give details on condition of equipment/property)

Notes on conversation relating to incident/claimant with any actions taken by APSU (give dates, times, and Names)

Line of duty evaluation by supervisor (Yes or No)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Typed name of Supervisor

\_\_\_\_\_  
Date

Investigator's report

Investigator's recommended action

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Typed name of Investigator

\_\_\_\_\_  
Date

## **INSTRUCTIONS FOR COMPLETING INCIDENT REPORT**

The departmental report should be detailed and thorough. Names and addresses of all parties and witnesses should be included in the report. Whenever possible, statements of parties and witnesses should be included. Copies of any written correspondence, notes, etc. from claimant or regarding the claim should also be included. Depending on the specific nature of the incident, the statements and the reports should cover the following points of information:

1. Date and time of incident.
2. Weather conditions at the time of the incident.
3. Exact location of the incident (include the location of each party at incident and the location of the witnesses).
4. Direction in which parties or witnesses traveled before and during the incident.
5. If, in any way, the incident involves a state employee, give the nature of his or her regular duties and also the nature of his or her activity immediately before and during the incident, i.e., was the activity connected in any way to the employee's duties?
6. Whether the incident involved state-owned vehicles, equipment, or machinery. Give make, model, year, color, and tag number of vehicles involved. Specify type and function of machine or equipment involved. NOTE: Include a copy of the operating manual if available. Give the exact description of the activities of the injured party immediately and prior to and during the incident.
7. Exact nature of injuries. Include medical records and a record of hospital and physicians cost incurred, if immediately available.
8. If the incident occurred in connection to an existing condition on state-owned or controlled property, give the exact condition of the property (pavement, post, guardrails, chains, etc.) as it related to the incident. Specify whether and for how long the state employees were aware of the conditions and/or defect in the property or fixtures.
9. Notes of all conversations, including phone conversations, with the claimant regarding the claim and the action taken by the institution pursuant thereto.