

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

Date of
Incident/Accident

Time of
Incident/Accident

Location of
Incident/Accident

PERSONS INJURED

Name	Address	Phone #	Age	Extent of Injury

PROPERTY DAMAGE: Estimated Amount of Damage \$

Owner	Address/Phone #	Property Description	Damage Description

Description of Incident / Accident

WITNESS NAME	WITNESS ADDRESS	WITNESS PHONE #

Report submitted by: _____ Do you wish to file a claim? YES NO

Printed Name	Signature	Date