

# DARTMOUTH

## DARTMOUTH COLLEGE VISITOR/GUEST INCIDENT REPORT

*Dartmouth policy requires that this report be filed within 24 hours of occurrence. This report must be completed in its entirety and faxed to Risk Management and Insurance at 603-646-9199 and emailed to [Lisa.A.Roche@Dartmouth.edu](mailto:Lisa.A.Roche@Dartmouth.edu) and [Risk.Management@dartmouth.edu](mailto:Risk.Management@dartmouth.edu).*

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Describe in detail what happened:

### VISITOR/GUEST INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Dartmouth: \_\_\_\_\_

Reason on campus: \_\_\_\_\_

Nature/extent of injury: (describe type, severity and body part / please note if no injury)

Did injured party seek or receive medical treatment: \_\_\_\_\_

Name of physician/hospital: \_\_\_\_\_

Visitor/guest's pre-incident condition: \_\_\_\_\_

Was the visitor carrying anything? \_\_\_\_\_

Type of footwear worn by visitor/guest: \_\_\_\_\_

WITNESSES: (Provide name, address, and phone #)

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

#4: \_\_\_\_\_

### RESPONDING AGENCY:

Safety & Security Notified: Yes No Officer: \_\_\_\_\_

Did an ambulance or emergency personnel respond: Yes No Name: \_\_\_\_\_

Police: Yes No Department: \_\_\_\_\_ Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Photos taken: Yes No by whom: \_\_\_\_\_

### CONDITIONS (please comment on the following)

Weather: Clear Rain Snow Sleet Fog

Type of surface: Paved Concrete Gravel Dirt Lawn Wood Tile Carpet

Condition of surface: Clear Dry Wet Snow Icy Rutted Uneven Even

Lighting: Daylight Dark Dawn Dusk Artificial

Visibility: Excellent Good Fair Poor

Did the incident happen inside or outside? \_\_\_\_\_

Did the incident happen on a construction site or due to construction debris? \_\_\_\_\_

If yes, name of the contractor involved: \_\_\_\_\_

Any other contributing factors or facts you wish us to know:

Reporting employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of reporting employee: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_