

## Notice of Third-Party Incident

Instructions: This form should be completed by a University department witness or representative within 24 hours of an incident or injury to a third party on UO property or at a University of Oregon sponsored event. This form is for internal use only and is not intended to be used for filing a claim.

Send a copy to: [riskmanagement@uoregon.edu](mailto:riskmanagement@uoregon.edu) or fax this form to: (541)346-7008 Attn: Risk Management

| <b>Third Party Information:</b>                             |  |                              |   |
|---|--|------------------------------|---|
| 1.  | 3rd Party's Name:  |                              |   |
| 2.  | Current residential address:   |                              |   |
| 5.  | Email address:   |                              |   |
| 6.  | Phone:   |                              |   |
| <b>Incident Information:</b>                                |  |                              |   |
| 7.  | Date:  | Time (incident occurred):    | AM <input type="checkbox"/> PM <input type="checkbox"/> |
| 8.  | Name of event/activity:  |                              |   |
| 9.  | Location of incident (building, room, specific location):                                |                              |   |
| 10.   | Description of incident (briefly describe what occurred below and contributing factors): |                              |   |
|   |  |                              |   |
| 11.   | Was there an injury?   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                             |
| 12.   | Reported injured body part:  |                              |   |
| 13.   | Was medical care provided?   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                             |
| 13b.  | If yes, by whom?   |                              |   |
| 14.   | Transported by ambulance?  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                             |
| 14b.  | If yes, to which facility?   |                              |   |
| <b>Responders Information:</b>                              |  |                              |   |
| 15.   | Did UO Police Department respond?  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                             |
| 15a.  | If yes, UOPD employee name:  |                              |   |
| 16.   | Did a security crowd control individual respond (e.g. CMS)?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/>                             |
| 16a.  | If yes, name of individual(s):   |                              |   |
| 17.   | Names of university employees responding or at the scene:                                |                              |   |
| 18.   | Was a Contractor or other outside party involved?  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                             |
| 18a.  | If yes, list name(s) and contact information if possible:                                |                              |   |
|   |  |                              |   |
| <b>UO Department Witness or Representative Information:</b> |  |                              |   |
| 20.   | UO affiliate logging this incident (please print name):                                  |                              |   |
| 21.   | UO affiliate's email:  |                              |   |
| 22.   | Department Name:   |                              |   |
| 24.   | Date of this report:   |                              |   |