**STUDENT TRAVEL**

**Accident/Incident Report**

The following form is to be used to report any accident, crime, or other situation while on an Athens State sponsored study abroad trip, which involves and is not limited to the following:

1. Death or injury to any person

2. A threat of death or injury to any person

3. Loss of or damage to University or personal property

4. Serious disruption of the University’s operations

5. Illegal / suspicious activity of any sort

In the event of any such situation, this form should be filled out by a University official or staff member responsible for the area in which the accident occurred. Upon completion, the report should be signed and submitted to the Vice President of Financial Affairs as soon as possible.

Nature of Accident/Incident: Click or tap here to enter text.

Date: Click or tap here to enter text. Place:Click or tap here to enter text.

Time of Accident/Incident: Click or tap here to enter text.

**Victim Information**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number:Click or tap here to enter text. Student Number: Click to enter text

[ ]  Student [ ]  Faculty

[ ]  Non-Student [ ]  Staff

**Party(ies) bringing a complaint:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number:Click or tap here to enter text. Student Number: Click to enter text

[ ]  Student [ ]  Faculty

[ ]  Non-Student [ ]  Staff

## Detailed Narrative

Explain the circumstances of the accident in detail. List the names, addresses, and phone numbers of persons interviewed as witnesses or potential witnesses. Describe police action, if any was taken, and describe any apparent or reported loss, or damage or injury. Obtain a signed, written statement from each witness and include statements as an attachment to this report. If a video or still camera is available, photograph the incident scene and evidence of the incident.

Narrative:

**Information on Reporting Official:**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Date of Report:**Click or tap here to enter text.

Signature of Reporting Official Date

Reviewed By: Vice President of Financial Affairs:

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Signature of Vice President of Financial Affairs Date