



STATE OF MINNESOTA INCIDENT REPORT

(To be completed by appropriate state employees and persons involved in or observing an incident)

Name of Educational Institution:		Name of contact Person:	
Date of Accident:		Time:	Phone Number:
		am/pm	Weather Conditions:

Description of Incident (How, where and why): _____

Extent of Damage to Property: _____

Extent of Injury to Person(s): _____

Person(s) Injured (Names, addresses, and telephone numbers):

Witnesses (Names, addresses, and telephone numbers):

Return this form to: Thomas French, Safety Administrator MSU Moorhead Dept. of EHS P.O. Box 16 Moorhead, MN 56563	Printed name of Person completing this form:
	Signature (my signature indicates I have retained a copy)
	Office Address:
	City, State, Zip
	Office telephone No.:
	Date of Report:

(Please use back of form if needed)