

Florida College System Risk Management Consortium

ACCIDENT – INCIDENT REPORT

(A copy of this report is NOT authorization for y02/C2010.0 DENT

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6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by Injured Employee/Party if at all possible):



5. WITNESS(ES)

This information is extremely valuable in adjusting the claims or if suits are filed later. Please supply the information if it is available.

6. DESCRIBE THE LOSS/OCCURRENCE/INJURY (To be completed by the injured person, if at all possible):

Please