



**North Iowa Area Community College**  
**500 College Drive**  
**Mason City, IA 50401**

Send copy as follows:	Auto Accident	Property Loss	Physical Assault	Personal Injury	Other
Vice President Administrative Services	T	T		T	
Vice President Student Services			T		T

# INCIDENT REPORT

**Complete all applicable areas:**

**TYPE OF INCIDENT:** ' Personal Injury, Accident, or Illness ' Property Loss ' Physical Assault ' Auto Accident ' Other

1. Victim's Name (Last, First Middle)		2. Res. Address	
3. Res. Phone	4. Occupation	5. Student/Staff/Visitor	
6. Bus. Phone	7. Sex/Race/Age	8. Date of Birth	
9. Date & Time Occurred		10. Date & Time Reported	
11. Location of Incident (be specific)			
12. Police Department Notified		13. When	
14. Witnesses: Name:	Res. Address	Res. Phone	Bus. Phone
15. Witnesses: Name:	Res. Address	Res. Phone	Bus. Phone
<b>PERSONAL INJURY, ACCIDENT OR ILLNESS</b>			
16. Extent of Injury			
17. Name of attending physician or hospital		18. Address	
19. Probable length of disability		20. Cause of Injury	
<b>PROPERTY LOSS</b>			
21. Type of property loss			
22. Kind of loss (theft, wind, fire explosion, etc.)			
23. Location of property		24. Point of entry	
25. Tool or weapon used		26. Method used	
27. Estimated loss value		28. Estimated replacement value	
29. NIACC Inv. #		30. NIACC Acct # to credit for reimbursement	
<b>PHYSICAL ASSAULT</b>			
31. Motive (theft, assault, etc.)			
32. Method of departure		33. Will complainant prosecute?	
34. Vehicle used by suspect(s)		35. License No.	36. State
37. Year	38. Color	39. Make	40. Model
41. Identifying characteristics of vehicle			
42. Description of suspect			
43. Stranger		44. Employee	45. Relative
46. Acquaintance			
<b>AUTO ACCIDENT:</b> A state accident report must be filed by all parties within 72 hours after an accident that has involved a personal injury or total damage of \$500. Has			
47. Vehicle (A)	48. Year	49. Make	50. Model
51. VIN #		52. Owner	
53. NIACC Vehicle #		54. License Plate #	
55. Name of Drive		56. Address	
57. Res. Phone	58. Driver's License #		59. Social Security No.
60. Description of damage			
61. Repair estimate	62. Where car can be seen		63. When

**OVER (continued on back side)**

