

**STATE OF MINNESOTA  
INCIDENT REPORT**

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

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

Description of Incident (How where, and why):

Extent of Damage to Property:

Extent of Injury to Person(s):

Witnesses (Names, addresses, and telephone numbers):

Person(s) Injured (Names, addresses, and telephone number's):

Distribution:

Printed name of Person completing the form: \_\_\_\_\_  
Signature (my signature indicates I have retained a copy) \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Office telephone No.: \_\_\_\_\_  
Date of Report: \_\_\_\_\_

1. Remit original to:  
Safety Officer, Box 43  
Rochester Community & Technical College  
851 30<sup>th</sup> Ave SE  
Rochester, MN 55904
2. Copy to be retained by the Contact Person