

**Visitor/Client Post Incident/Accident Analysis (DA 3000)**

[This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

**OFFICE OF RISK MANAGEMENT  
UNIT OF RISK ANALYSIS AND LOSS PREVENTION  
VISITOR/CLIENT ACCIDENT REPORTING FORM  
General Liability Claims – For Agency Use Only**

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION  
WHERE INCIDENT/ACCIDENT OCCURRED**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: Northwestern State University 5160

2. DATE and TIME of ACCIDENT: \_\_\_\_\_

3. VISITOR/CLIENT NAME: \_\_\_\_\_

4. VISITOR/CLIENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

5. CLAIMANT'S TELEPHONE #: \_\_\_\_\_

6. CLAIMANT DETAIL DESCRIPTION OF HOW ACCIDENT OCCURRED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. DID THE EMPLOYEE ASK THE CLAIMANT IF HE/SHE WAS INJURED? \_\_\_\_Y \_\_\_\_N

8. DID THE CLAIMANT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? \_\_\_\_Y \_\_\_\_N

9. IF THE CLAIMANT EXPRESSED AN INJURY, WHAT PART OF HIS/HER BODY DID THEY STATE WAS INJURED? PLEASE BE SPECIFIC (I.E. RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) \_\_\_\_\_  
\_\_\_\_\_

10. IF THE CLAIMANT EXPRESSED INJURY, WAS MEDICAL CARE OFFERED? \_\_\_\_Y \_\_\_\_N

11. DID THE CLAIMANT ACCEPT OR DECLINE MEDICAL CARE? \_\_\_\_ACCEPT \_\_\_\_DECLINE

12. WERE THERE WITNESS (ES) \_\_\_\_Y \_\_\_\_N

13. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. WITNESS STATEMENTS ATTACHED: \_\_\_\_Y \_\_\_\_N

**This form is prepared for internal use only and is prepared in anticipation of litigation.**

Northwestern State University

STUDENT/VISITOR ACCIDENT SUPPLEMENTAL FORM FOR DA-3000

Student/Visitor Name: \_\_\_\_\_ NSU ID Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Date Accident Reported to the University: \_\_\_\_\_

Detailed description of the Accident Location: \_\_\_\_\_

Is this location a State Owned \_\_\_\_\_ or leased \_\_\_\_\_ facility? State Building ID Number: \_\_\_\_\_

Did the person conducting the investigation observe anything that was different than the Claimant (Student/Visitor) or Witness account? \_\_\_ YES \_\_\_ NO If yes, please indicate difference? \_\_\_\_\_

Check the appropriate environmental condition(s) that is applicable to the accident:

- Raining  Sunny  Cloudy  Foggy  Ice  Snow  Cold  Hot  Lightning  Wind
 Other weather condition: \_\_\_\_\_  Weather not a factor in accident

Check the appropriate box or boxes that pertain to the accident:

- Liquid on floor—Type of Liquid \_\_\_\_\_
 Stairs  Parking Lot  Garage  Sidewalk  Elevators  Grating  Crosswalk
 Sponsored Activity  Outsourced Housing-On campus  Walkways  Railings  Furniture
 Flooring—Describe type of floor and any defects noticed. \_\_\_\_\_
 Equipment (Specify Type) \_\_\_\_\_
 Other Condition \_\_\_\_\_

If the accident involved items that can be retained (i.e. furniture, muffler, ladder, heater, exam table), the claims unit requires that the items be tagged with the date of the accident and name of claimant. If the item is broken or damaged, it must be place in a secure area after being tagged. The tag cannot be removed or the broke/damaged item cannot be surplus/discarded until notified by the Claims Unit. If applicable, was this done? \_\_\_ YES \_\_\_ NO

Was the Claimant (Student/Visitor) authorized to be in this area? \_\_\_ YES \_\_\_ NO

Did any employee observe anything before/after that is relevant to the accident? \_\_\_ YES \_\_\_ NO

If yes, was a statement obtained and attached? \_\_\_ YES \_\_\_ NO

Was there a report of any observed conditions, at the accident scene? \_\_\_ YES \_\_\_ NO

Was a University Police Report Filed? \_\_\_ YES \_\_\_ NO Report Number: \_\_\_\_\_

Were pictures taken and are they attached to the report? \_\_\_ YES \_\_\_ NO \_\_\_ ATTACHED

Name of Employee completing this report: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Employee completing this report: \_\_\_\_\_