



## Incident Information Report for Study Abroad Participants

Qualifying events include allegations of injury, illness, criminal activity (student is a victim of crime), damage to property or any other unusual event that occurs while participating in a university sponsored program. Please submit this form to the Office of International Programs immediately for follow-up and assessment.

**Incident Date:**

**Time:**

**Reporting Date:**

**Time:**

**Reporting Person:**

**Location of Incident:**

**Type of incident:**

**Specific area where incident occurred:**

**Cause of incident:**

**Program Name:**

**Did the incident occur while transporting to/from an activity?**

**Comments:**

### INDIVIDUALS INVOLVED (Duplicate if Needed)

**Name:**

LAST

FIRST

MIDDLE

**Address:**

ADDRESS

STATE

ZIP

**Home Phone:**

**Cell Phone:**

**DOB:**

**Age:**

**Type of Injury:**

**Injured body part:**

**Was medical treatment given at the scene?    Y    N    Type:**

**Medical disposition (transported to hospital, etc.):**

**PROPERTY DAMAGE (If applicable)**

**Property Type:**

**Description of damage:**

**Please submit this completed form to Office of International Programs immediately after the incident  
If the incident involves faculty or staff, please complete the Safety and Risk Management Report of  
Incident form.**

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