

**WINTHROP UNIVERSITY  
RISK MANAGEMENT INFORMATION REPORT**

**DATE OF OCCURRENCE:** \_\_\_\_\_

**PLACE OF OCCURRENCE:** \_\_\_\_\_

**TIME OF OCCURRENCE:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_

**NARRATIVE:**

**CLAIMANT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS  
TO  
INCIDENT:** \_\_\_\_\_