



The University of Texas at Austin
Theatre and Dance
College of Fine Arts

Accident Report

Name of Person Completing Form: _____ EID: _____

Date and time of incident: _____

Incident Location

☐ F. Loren Winship Drama Building (WIN)

☐ Laboratory Theatre Building (LTH)

Room Number of the incident: _____

If unknown or not in WIN or LTH, please describe location

Person(s) involved in the incident (include EIDs if possible):

Staff

Student

Description of the incident:

Immediate action in responding to the incident:

Action taken (or required) to prevent such incidents in the future:

Witness(es) to the incident:

Date/time of report

Signature of person submitting report