

ACCIDENT/INJURY REPORT FORM

Date of accident: _____ 20____ Time of accident: ____:____ (a.m./p.m.)

Name of injured person: _____

Classification (circle one): Student Faculty/Staff Visitor Other: _____

Sex: M or F; Age: ____; Home phone: _____ Other phone: _____

Location of accident: _____

Nature of injury: _____

How injury occurred: _____

Immediate action taken: Campus police/Emergency personnel called: YES NO

Injured person referred to medical assistance: YES NO

Parent/Guardian notified: YES NO

Who administered first aid: Name: _____ Position _____

Witness 1: Name: _____ Phone: _____ E-mail: _____

Witness 2: Name: _____ Phone: _____ E-mail: _____

Notes/Comments/Any additional action required: _____

Person filing report: Name: _____ Phone: _____

E-mail: _____

_____/_____
Signature Date

RETURN FORM TO (mailing address below):