



ACCIDENT/INCIDENT REPORT FORM

Name of Injured Person _____ Age _____ University ID # _____

Status: _____ Student _____ Faculty/Staff _____ Other _____

Address _____ Phone # _____

Name of School _____ Alt Phone # _____

Activity in which the Accident/ Incident Occurred _____

Date of Accident/Incident _____ Time of Accident/Incident _____

Location of Accident/Incident _____

Description of Accident/Incident _____

Type of Injury/Illness Sustained _____

Body Part Injured (Indicate left or right) _____

Was care provided by a first responder? _____ Name of Care Provider _____

Description of Care Provided _____

Was EMS called? _____ Time Called _____ Time Arrived _____

Was the victim transported to an emergency facility? _____

If yes, where? _____ Mode of Transportation _____

If no, did the person return to activity? _____

If no, what was the referral action taken? _____

Name of Witness _____ Phone # _____

Name of Witness _____ Phone # _____

Report prepared by _____ Phone # _____

Signature of Injured Party _____ Date _____

Signature of Reporting Party _____ Date _____

Report received by _____ Date _____

Follow-up call made by _____ Date _____

Comments (physician, diagnosis, treatment received, disposition, etc.) _____

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