



# Accident Form

Date: \_\_\_\_\_

## Injured

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Local Address \_\_\_\_\_ State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Status (Please X below)

Student \_\_\_\_\_ Faculty \_\_\_\_\_ Guest \_\_\_\_\_ Other \_\_\_\_\_ Specify Other \_\_\_\_\_

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## Nature of suspected / stated injury or illness

Abrasion \_\_\_\_\_ Amputation \_\_\_\_\_ Bleeding \_\_\_\_\_ Bruise \_\_\_\_\_ Burn/Scald \_\_\_\_\_ Concussion \_\_\_\_\_ Convulsion \_\_\_\_\_ Cramps \_\_\_\_\_

Dislocation \_\_\_\_\_ Drowning \_\_\_\_\_ Fainting \_\_\_\_\_ Foreign Body \_\_\_\_\_ Fracture \_\_\_\_\_ Heart \_\_\_\_\_ Heat Exhaustion \_\_\_\_\_

Heat Stroke \_\_\_\_\_ Inhalation \_\_\_\_\_ Internal Injury \_\_\_\_\_ Laceration \_\_\_\_\_ Poisoning \_\_\_\_\_ Puncture \_\_\_\_\_

Shock (Specify) \_\_\_\_\_ Suffocation \_\_\_\_\_ Other \_\_\_\_\_

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## Part of body that was injured: (Please mark "R" for Right and "L" for Left)

Generalized \_\_\_\_\_ Skull/Scalp \_\_\_\_\_ Eye \_\_\_\_\_ Ear \_\_\_\_\_ Nose \_\_\_\_\_ Mouth \_\_\_\_\_ Tongue \_\_\_\_\_ Tooth \_\_\_\_\_ Jaw \_\_\_\_\_ Neck \_\_\_\_\_

Pelvis \_\_\_\_\_ Shoulder \_\_\_\_\_ Upper Arm \_\_\_\_\_ Elbow \_\_\_\_\_ Forearm \_\_\_\_\_ Knee \_\_\_\_\_ Lower Leg \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_

Toe \_\_\_\_\_ Other \_\_\_\_\_

**A. Please indicate below the exact location of the accident and the conditions in which the accident occurred:**

\_\_\_\_\_

**B. Name of department sponsoring the event**

\_\_\_\_\_

**C. How did the injury occur? (Describe in full the events, actions, and conditions which contributed to the injury.)**

\_\_\_\_\_

**D. Precise explanation of action taken (First Aid? Referred to Health Service?)**

\_\_\_\_\_

**E. Care of injured transferred to:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Police Called?

No \_\_\_\_\_ Yes \_\_\_\_\_ Time Called \_\_\_\_\_ Arrival Time \_\_\_\_\_

Ambulance Called?

No \_\_\_\_\_ Yes \_\_\_\_\_ Time Called \_\_\_\_\_ Arrival Time \_\_\_\_\_

Sent to Health Services:

No \_\_\_\_\_ Yes \_\_\_\_\_

Sent to hospital / clinic?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, Specify \_\_\_\_\_

**F. Witness**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Local Address \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**G. Accident Form**

Prepared by \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_

**H. Campus Address (corresponds with number chart below)**

Building \_\_\_\_\_ Room Number \_\_\_\_\_ Other \_\_\_\_\_

- |                                      |                                 |                                  |
|--------------------------------------|---------------------------------|----------------------------------|
| 1. Andrews Hall                      | 12. Dounda Fine Arts Center     | 24. O'Brien Stadium              |
| 2. Blair Hall                        | 13. Facilities Planning & Mngt  | 25. Old Main                     |
| 3. Booth House                       | 14. Greek Court                 | 26. Pemberton Hall               |
| 4. Booth Library                     | 15. Human Services              | 27. Physical Science Building    |
| 5. Brainard House                    | 16. Klehm Hall                  | 28. Steam Plant                  |
| 6. Building Service Wkr house        | 17. Lantz Gymnasium             | 29. Student Services             |
| 7. Burl Ives Art Studio              | 18. Lawson Hall                 | 30. Tarble Arts Center           |
| 8. Buzzard Building                  | 19. Lincoln-Stevenson-Douglas   | 31. Taylor hall                  |
| 9. Buzzard House (Counseling Center) | 20. Linder House                | 32. Thomas Hall                  |
| 10. Carmen Hall                      | 21. Lumpkin Hall                | 33. The Triad                    |
| 11. Coleman Hall                     | 22. McAfee Gymnasium            | 34. University Police Department |
|                                      | 23. 9 <sup>th</sup> Street Hall | 35. University Union             |

**Please sign**

Injured party (if possible): \_\_\_\_\_

Person filing report: \_\_\_\_\_

**PLEASE SUBMIT TO RISK MANAGEMENT, VPBA OFFICE, 1140 OLD MAIN**

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