



**NON-EMPLOYEE ACCIDENT/INJURY REPORT**

CASE NUMBER: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**A. INJURED OR ILL PERSON:**

- 1. NAME: \_\_\_\_\_
- 2. HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- 3. EMAIL ADDRESS: \_\_\_\_\_
- 4. PHONE (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_
- 5. DATE OF BIRTH: \_\_\_\_\_ 6. SEX: \_\_\_\_\_ M \_\_\_\_\_ F
- 7. EMERGENCY CONTACT NAME: \_\_\_\_\_
- 8. RELATIONSHIP TO INJURED PARTY: \_\_\_\_\_
- 9. ADDRESS: \_\_\_\_\_
- 10. PHONE: \_\_\_\_\_

**B. SPONSOR AND/OR STATUS ON CAMPUS:**

- 1. SPONSOR'S NAME (If Any): \_\_\_\_\_
- 2. DEPARTMENT: \_\_\_\_\_
- 3. PHONE NUMBER: \_\_\_\_\_
- 4. REASON FOR CAMPUS VISIT: \_\_\_\_\_

**C. SYNOPSIS OF ACCIDENT:**

- 1. CIRCUMSTANCES OF ACCIDENT/INJURY:
  - a. Location of Accident: \_\_\_\_\_
  - b. Date and Time of Accident: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
  - c. Activity Engaged In: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d. How Accident/Injury Occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - e. Witness Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**CONTINUED ON REVERSE SIDE**

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. DISCOVERY OF INJURY - DATE AND CIRCUMSTANCES:

a. Date: \_\_\_\_\_ b. Circumstances: \_\_\_\_\_

3. NOTICE TO UNIVERSITY OF ACCIDENT/INJURY:

a. Date Notice Given: \_\_\_\_\_

b. Notice Given By: \_\_\_\_\_

c. University Employee to Whom Notice Given: \_\_\_\_\_

4. OTHER INFORMATION: \_\_\_\_\_

**D. INJURY AND TREATMENT:**

1. TYPE AND DESCRIPTION OF INJURY: \_\_\_\_\_

2. IMMEDIATE PROFESSIONAL MEDICAL ATTENTION: \_\_\_\_\_ Secured \_\_\_\_\_ Did Not Secure

3. INITIAL TREATMENT:

a. Date and Time of Treatment: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

b. Name of Physician or Hospital: \_\_\_\_\_

c. Summary: \_\_\_\_\_

4. ADDITIONAL TREATMENT: \_\_\_\_\_

5. ADDITIONAL INFORMATION: \_\_\_\_\_