



NON-EMPLOYEE ACCIDENT 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
- 6. EMERGENCY CONTACT NAME: _____
- 7. RELATIONSHIP TO INJURED PARTY: _____
- 8. ADDRESS: _____
- 9. PHONE: _____

B. SPONSOR AND/OR STATUS ON CAMPUS:

- 1. SPONSOR'S NAME (If Any): _____
- 2. DEPARTMENT: _____
- 3. PHONE (Work): _____ (Home): _____ (Cell): _____
- 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: _____
Witness Name: _____
Address: _____
Phone Number: _____

CONTINUED

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: _____

X _____

SIGNATURE OF INJURED PERSON

X _____

DATE

X _____

WITNESS SIGNATURE

X _____

DATE

WITNESS PRINTED NAME