



# Accident Form

Date \_\_\_\_\_

## Injured

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

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

Status (Please X below)

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

## 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 \_\_\_\_\_

## 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 event

\_\_\_\_\_

### C. How did the injury occur? (Describe fully 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 \_\_\_\_\_

Policed Called?

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

Ambulance Called?

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

Sent to Health Service?

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 \_\_\_\_\_

**G. Accident Form**

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

Date \_\_\_\_\_

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

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

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

**Please Sign**

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

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

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