



If you were **not** a witness, please identify the person(s) providing information to you

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Was someone injured? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If yes, name, address and phone number of injured party, and relationship to the University (see\* above) \_\_\_\_\_
- Describe the injury and indicate part(s) of body affected \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Who was notified? \_\_\_\_\_ Police \_\_\_\_\_ Ambulance \_\_\_\_\_ Family and/or  
\_\_\_\_\_ University personnel (specify): \_\_\_\_\_
- Who notified the above? \_\_\_\_\_
- Was medical treatment necessary? \_\_\_\_\_ By whom? \_\_\_\_\_
- Was there property damage? \_\_\_\_\_ Estimated cost \$ \_\_\_\_\_
- Describe any property damage \_\_\_\_\_  
\_\_\_\_\_

Report Completed by \_\_\_\_\_ Date \_\_\_\_\_  
(signature and title)

<b>OFFICE USE ONLY</b>	
DATE	
_____	COPIES OF REPORTS BY EMERGENCY PERSONNEL RECEIVED
_____	COPIES OF REPORTS FROM UNIVERSITY PERSONNEL RECEIVED
_____	REPORT FILED WITH DEAN OF STUDENTS
_____	Date received _____ Investigation initiated _____
_____	WORKER'S COMP CLAIM FILED
_____	REPORT FILED WITH SYSTEMWIDE SERVICES