

**Incident/Accident Report Form**  
(Incidents/accidents involving employees, students, visitors)

\*\*\*\*\*PLEASE PRINT LEGIBLY\*\*\*\*\*

**INFORMATION ABOUT THE PERSON INVOLVED IN THE ACCIDENT**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

☐ Employee/Department: \_\_\_\_\_ ☐ Student ☐ Visitor

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

**INFORMATION ABOUT THE INCIDENT/ACCIDENT**

Date of incident/accident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of incident/accident: \_\_\_\_\_

Type of incident/accident: ☐ Vehicle ☐ Personal Injury

Police notified: ☐ No ☐ Yes Case Number: \_\_\_\_\_

Describe what happened, how it happened, factors leading to the event, substances or objects involved. Be specific (attach a separate sheet for details, if necessary).

Did supervisor call EMT or offer to take employee to the hospital? ☐ Yes ☐ No ☐ Employee Refused  
If refused, employee signature is required: \_\_\_\_\_

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If medical treatment was provided, where? ☐ Emergency Room ☐ Walk-In Clinic ☐ Other \_\_\_\_\_

Will employee miss time from work as a result of this incident/accident? ☐ Yes ☐ No

Were other parties involved/injured? ☐ Yes ☐ No If yes, provide information.

Were there any witnesses to the incident/accident? ☐ Yes ☐ No

If yes, provide name(s), job title(s) and department(s).

If an item was damaged, the approximate cost to repair/replace the item: \$ \_\_\_\_\_

**REPORTER INFORMATION**

Name of Reporter: \_\_\_\_\_ Title: \_\_\_\_\_

Reporter Signature: \_\_\_\_\_ Date Report Completed: \_\_\_\_\_