



INCIDENT REPORT FORM

A. Report data Date: \_\_\_\_\_ Time of injury: \_\_\_\_\_ a.m./p.m.
Name of injured: \_\_\_\_\_

B. Personal data Gender: [ ] Female [ ] Male

Age: \_\_\_\_\_

Local address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Classification: [ ] Student [ ] Faculty [ ] Staff [ ] Public [ ] Other \_\_\_\_\_

C. Injury data Body fluid spill? [ ] Yes [ ] No
Were Universal Precautions practiced? [ ] Yes [ ] No

Part of body injured:

Nature of possible injury:

- Abdomen, Back, R L, Ankle, Calf, Elbow, Eye, Finger, Chest, Head, R L, Foot, Forearm, Groin, Hand, Hamstring, Neck, Nose, R L, Knee, Quadriceps, Ribs, Shin, Shoulder, Pelvis, Other, R L, Toe, Upper arm, Wrist, Other part, Bruise, Cut, Dislocation, Fracture, Sprain, Other

What action(s) taken:

- [ ] EMS called but victim not transported
[ ] First aid (describe): \_\_\_\_\_
[ ] First aid supplies used: \_\_\_\_\_

Victim transported to: [ ] Hospital [ ] Health center [ ] Home [ ] Other \_\_\_\_\_

Method of transport: [ ] Ambulance [ ] Private Auto [ ] Police [ ] Other \_\_\_\_\_

(Note: Regis University is not responsible for any medical and/or transport fees associated with injuries to participants)

Time EMS called: \_\_\_\_ a.m./p.m.

Time EMT arrived: \_\_\_\_ a.m./p.m.
EMT name(s) \_\_\_\_\_

Location of accident:

**ACCIDENT REPORT FORM (continued)**

**Reporting Person's #1 – narrative**

State factual information, not opinions. Never diagnose injuries. (Interview the victim, report the *who, what, when, where, how, and what* you did surrounding the accident.) Use additional paper if necessary.

Reporting Person's Name \_\_\_\_\_ Email: \_\_\_\_\_

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Were you the only person who responded to the accident? \_\_\_\_\_

If not, begin other person's #2 narrative.

**Person #2 – narrative**

Reporting Person's name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**E. Signatures** Injured participant: \_\_\_\_\_  
(If care provided) (Injured person's signature) (Printed name)

[Example of care include: assistance with any of our first aid supplies, curbside assistance to a vehicle outside one of our facilities, calling for advanced medical assistance]

Refusing attention signature: I, \_\_\_\_\_, have been advised that I may have a medical condition(s) which may require an examination by a doctor, and I refuse such medical care and/or advice as has been rendered by \_\_\_\_\_. Or, I do not believe a medical emergency exists and I require no further assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Report complete by: \_\_\_\_\_ (Reporting Person's Signature) (Name printed) (e-mail)

**ACCIDENT REPORT FORM**

**F. Witness Info.** (What did you see happen? [*Who, what, when, where, how*] Use additional paper if necessary. Report names, times, and what you did related to the events surrounding the accident.)

**Witness #1**

(Note: to be completed by a witness who saw the accident – not a reporting person or the injured participant.)

Name of witness: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Statement:

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Signature of witness: \_\_\_\_\_ Date and time: \_\_\_\_\_

**Additional witnesses**

(Note: To be completed by witness(es) who saw the accident-not a reporting person). Record you statement, and, contact information, date, time and signature on a separate sheet of paper. Remember to include as many details in the statement as factually recollected.

**G. Office** Date of follow-up: \_\_\_\_\_ Staff person: \_\_\_\_\_

Follow-up comments:

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