

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: _____

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: _____
