



Non-Employee Accident/Incident Report

Instructions: Please print using blue or black ink pen. Complete, sign and return to Risk Management & Internal Control, SA4700

PERSONAL INFORMATION

Full Name of Involved Party:		Date and Time of Accident/Incident:	
Address of Involved Party:			Phone Number:
Reported to:	Name:	Dept:	Ph#

DETAILS OF ACCIDENT/INCIDENT

Location where accident/incident occurred:	
If occurred during a class, give Class Identification and Name of Instructor:	
Please describe accident/incident:	
Were there injuries? If so , nature and extent of Injuries:	
Did injuries require medical care? If yes, give location, name of treating physician and medical finding Name: _____ Facility & Location: _____ Medical Finding: _____	
Were there witnesses? If yes, provide name, addresses, and phone numbers.	
Was personal property damaged? If yes, attach a description and value of the property.	
Signature of Involved Person:	Date: