

Non-Employee Accident/Incident Report

Instructions: Please complete, sign and forward to Risk Management & Internal Control within eight (8) hours of injury/accident

PERSONAL INFORMATION

Full Name and Net ID of Involved Party
Name: NetID:

Phone Number:
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Address of Involved Party
Address:

City & State:

Zip Code:

DETAILS OF ACCIDENT/INCIDENT

Date and Time of Accident/Incident
Date: Time:

Reported Incidence To (instructor or staff name)
Name: Dept: Ph#:

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, describe the 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 names, addresses, and phone numbers.

Was personal property damaged? If yes, attach a description and value of the property.

Signature of Involved Person:

Date:

Case # (if UPD investigated):