



Office of Human Resources & Employee Relations

**STUDENT STATEMENT OF ACCIDENT**

**Please Print**

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Telephone: (\_\_\_\_\_) \_\_\_\_\_ District extension: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.  
(month/day/year)

Location where accident occurred: \_\_\_\_\_  
\_\_\_\_\_

Witness (es) to the accident: \_\_\_\_\_  
\_\_\_\_\_

Description of how the accident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of affected body parts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What time did you start your shift on the date of the accident? \_\_\_\_\_ a.m. p.m.

What is your regular work schedule? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your immediate supervisor: \_\_\_\_\_

How could the accident have been prevented? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date