



## Non-Occupational (Instructor) Accident Report Form

Today's Date: \_\_\_\_\_

**Please Print:**

1. Injured Student's First Name: \_\_\_\_\_ 2. Injured Student's Last Name: \_\_\_\_\_

3. Address: \_\_\_\_\_ 4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_

6. Zip Code: \_\_\_\_\_ 7. Telephone #: \_\_\_\_\_

8. Department/Division where injury occurred: \_\_\_\_\_

9. Class title/CRN at time of injury: \_\_\_\_\_

10. Date of Incident: \_\_\_\_\_ 11. Time of Incident: \_\_\_\_\_ am pm

12. Where did the incident occur (include which campus; room number; where in the room)?  
\_\_\_\_\_

13. What part of the body was injured (i.e. back, left wrist, right eye, etc.)?  
\_\_\_\_\_

14. How did the incident occur? \_\_\_\_\_  
\_\_\_\_\_

15. Did you witness the incident? Yes \_\_\_ No \_\_\_

16. Other Witness(es) to the incident? Yes \_\_\_ No \_\_\_ if yes, name(s) \_\_\_\_\_  
\_\_\_\_\_

17. Did an unsafe condition contribute to the incident: Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

18. How could the incident have been prevented? \_\_\_\_\_

19. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_