



Non-Occupational (Student) Accident Report Form

Today's Date: _____

Please Print:

1. First Name: _____ 2. Last Name: _____ 3. ID #: _____

4. Address: _____ 5. City: _____ 6. State: _____

7. Zip Code: _____ 8. Telephone #: _____

9. Department/Division where injury occurred: _____

10. Class title/CRN at time of injury: _____

11. Date of Incident: _____ 12. Time of Incident: _____ am pm

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

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

15. How did the incident occur?

16. Did the instructor witness the incident? Yes ___ No ___ If no, was the instructor in the room at the time of the incident Yes ___ No ___

17. Other Witness(es) to the incident? Yes ___ No ___ If yes, name(s) _____

18. Did an unsafe condition contribute to the incident: Yes ___ No ___ If yes, explain: _____

19. How could the incident have been prevented? _____

20. Additional comments: _____

Student's Signature: _____