



### Accident/Incident Report

Date: \_\_\_\_\_

Time: \_\_\_\_\_ am or pm

Date of Accident/Incident: \_\_\_\_\_

Name of Accident Victim: \_\_\_\_\_

Student\_\_\_\_ or Employee/Title\_\_\_\_\_ or Visitor\_\_\_\_\_

Location of Accident/Incident:

Building: \_\_\_\_\_

Room Number: \_\_\_\_\_

Other: \_\_\_\_\_

Brief description:

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Circle Yes or No

First Aid Required: YES NO

Went to Student Health: YES NO

Called 1911: YES NO

Reported to: \_\_\_\_\_ Title: \_\_\_\_\_

Person Reporting Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_