



INCIDENT REPORT

Injured Person: Employee Student Visitor/Volunteer

Name of Injured: _____ Birthdate: _____ Phone #: _____

In case of minor, include name of legal guardian: Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the injured have medical insurance? No Yes Insurance Company: _____

Location incident occurred: _____ Date: _____ Time: _____ AM PM

Name of person in charge: _____ Title: _____ Phone #: _____

Witness Names and Phone #: _____

Nature of Injury:

Abrasion Fracture Strain/Sprain Contusion Cut Dislocation Concussion

Injured Body Part:

Head Neck Face Finger Wrist Hand Arm Elbow Shoulder

Leg Foot Knee Upper Back Lower Back Abdomen Chest

Describe how incident occurred: _____

Disposition of Injured after incident: _____

First Aid provided No Yes (Describe) _____

Report Completed By: _____ Title: _____ Phone: _____

Risk Management Services Name: _____ Date _____