

Student/Patron's Report of Injury

(To be completed by the affected person)

☐ Student ☐ Public

Injured's name: _____ ☐ Male ☐ Female

Date of birth: _____/_____/_____ Home telephone # (_____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Student ID: _____

Location of accident: _____

Address and Area (loading dock, bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Name(s) of witness(es): _____

(Attach witness(es) report(s))

Phone # _____

To whom did you report the injury? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Signature of Student/Patron: _____ Date: _____