



DAILY ACCIDENT/INCIDENT REPORT

DATE OF ACCIDENT:
 Month: _____ Day: _____ Year: _____ Day of Week: _____ Time: _____

LOCATION OF ACCIDENT:
 City _____ State _____ County _____

Did the Accident/Incident occur within a building? If yes, give the name of the building; if no, explain where accident occurred.

Nature of the Accident/Incident:

 Activity involved in when Accident/Incident occurred?

INJURIES:
 Name of injured persons: _____ Age: _____

 Address:
 City _____ State _____ Zip Code _____

 Person Injured: Student ___ Visitor ___ Faculty ___ Staff ___ Other: _____
 Extent of Injuries:

 Treated by Physician? Yes ___ No ___ Name & Address of Physician:

 Hospitalized? Yes ___ No ___ Name of Hospital:

 If Assault, Name of Suspect: _____ Warrant or Arrest: _____

PROPERTY DAMAGE
 If property Damage, describe damage:

 Owner's Name: _____ Address: _____ Telephone: _____

Date of Report: _____ Signature: _____ Title: _____