



WEBER STATE UNIVERSITY

Accident/Incident Report

(for non-WSU employees)

Date of Accident: _____ Time of Accident: _____ AM ___ PM ___

Victim Information

Name: _____ Age: _____ Gender: _____

Phone: _____

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

Victim is: Student ___ Faculty/Staff ___ Community Member ___ Other _____

Family/Emergency Contact (name and phone number): _____

If the victim is a minor, were the minor's parents contacted (if not present)? YES NO NA

Program Participating in: _____ Program Supervisor/Instructor: _____

Accident Information

Location where the accident occurred and cause (be specific):

Description of the Accident:

If physical injury occurred, describe the body parts affected:

Witnesses to Accident:

Name: _____ Phone: _____

E-Mail: _____

Name: _____ Phone: _____

E-Mail: _____

If Care Provided:

Name of person(s) and/or agency that provided care:

Describe the care provided:

Were emergency medical (EMS) personnel called? YES ___ NO ___

Was the victim transported to an emergency facility? YES ___ NO ___

Did person return to activity? YES ___ NO ___

Were Police called and responded to the incident? YES ___ NO ___

Report Prepared By:

Name: _____ Position: _____

Signature:  Date: _____