



WEBER STATE UNIVERSITY

# Accident/Incident Report

(for non-WSU employees)

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM \_\_\_ PM \_\_\_

## Victim Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

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: \_\_\_\_\_