[](http://www.swu.edu/)

ACCIDENT/INCIDENT REPORT FORM

(Should be completed within 24 hours of the incident)

Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ AM/PM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student** **Employee**  **Visitor Vendor/Other**

**Campus Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident Location** (be very specific):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of incident:**

**University Equipment involved**:  **Yes  No If YES: Did equipment appear to be used appropriately?  Yes  No**

**Was there any malfunction of equipment?  Yes  No**

**Notes related to equipment:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Body Part Injured:** | **Head** | | | | | **Trunk** | | | | | **Extremities** | | | | | | | |
| Left | |  | | Right | Left |  | | | Right | Left | |  | | Right | Left |  | Right |
|  | | Ear | |  |  | Abdomen | | |  |  | | Ankle | |  |  | Lower Arm |  |
|  | | Eye | |  |  | Back | | |  |  | | Elbow | |  |  | Lower Leg |  |
|  | | Face | |  |  | Chest | | |  |  | | Finger | |  |  | Thumb |  |
|  | | Head | |  |  | Groin | | |  |  | | Foot | |  |  | Toes |  |
|  | | Neck | |  |  | Shoulder | | |  |  | | Hand | |  |  | Upper Arm |  |
|  | | Scalp | |  |  | Trunk | | |  |  | | Hip | |  |  | Upper Leg |  |
|  | | | | |  | | | | |  | | Knee | |  |  | Wrist |  |
|  |  | | | | |  | | | | |  | |  | |  |  |  |  |
| **Type of Injury**  **Suspected:** | Laceration | | | | | Bruise | | | | | Dislocation | | | | | | | |
| Sprain/ Strain | | | | | Fracture | | | | | Concussion | | | | | | | |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **Treatment Given:** | Ice | | | | | | | Applied Bandage/Dressing | | | | | | | Kept immobile | | | |
| Stopped Bleeding | | | | | | | Washed Wound | | | | | | | Observed only | | | |
| Other: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | No treatment was required or desired by | | | | | | |  | | | |
|  |  | | | | | | |  | | | | | | |  | | | |
| **Further Care:** | Parent/Emergency Contact took home | | | | | | | | Parent/Emergency Contact took Emergency Room | | | | | | | | | |
| Parent/Emergency Contact took to doctor | | | | | | | | Transported from school by ambulance | | | | | | | | | |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **Witnesses: *(attach statements)*** | |  | | | | | | | | | | | | | | | | |
| **Name of Person Reporting Injury:** | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | |  | | | | |
| ***Signature of injured person*** | | | | | | | | | | | |  | | ***Date*** | | | | |

|  |  |
| --- | --- |
| *[SWU logo](http://www.swu.edu/)* |  |

***WITNESS STATEMENT FORM***

***Witness Information***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Name:*** |  | | | | | | | ***Birth Date:*** | | |  |
| ***Address:*** | |  | | | | | ***Phone #:*** | |  | | |
| ***Home Phone #:*** | | |  | ***Cell Phone #:*** |  | ***Work Phone #:*** | | | |  | |
|  |  | | | | | | | | | | |

***Accident/Incident Information***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Name of Student/Employee/Visitor:*** | |  | | | | |
| ***Date/Time:*** |  | | ***Location:*** |  | | |
| ***Please describe the details of the accident/incident:*** | | | | | | |
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| *Signature of Witness* | | | | |  | *Date* |