

Non-Employee  
INJURY/ACCIDENT REPORT

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Status (check one)

\_\_\_\_\_ Student ID # Class Year Campus or Local Address \_\_\_\_\_ Date of Incident reported: \_\_\_\_\_

\_\_\_\_\_ Name of person notified: \_\_\_\_\_

Specific location where incident occurred: \_\_\_\_\_

Witness name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Activity Engaged in at the time of the Injury:**

\_\_\_\_\_ Leadership Activities notified: %Yes %No

Private lesson %Yes %No, if yes, what lesson: \_\_\_\_\_ Instructor notified: %Yes %No

RA responsibilities %Yes %No, if yes, what task: \_\_\_\_\_

