



# Student or Visitors Report of Injury

Date of Injury: \_\_\_\_\_

Date of Report: \_\_\_\_\_

## Personal Information

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

Please circle: MALE FEMALE

Address: \_\_\_\_\_

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

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

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

## Accident Information

Describe the nature of the injury (ex. Burn, cut, fracture)

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Part(s) of the body directly affected by the injury or illness (ex. Hand, arm, circulatory system)

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Describe the events that caused the injury (ex. Fell, operating machinery, chemical exposure)

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Name the object or substance which directly injured you (ex. Knife, floor, acid, oil)

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Time of arrival on campus: \_\_\_\_\_ AM PM

Time injury occurred: \_\_\_\_\_ AM PM

Injury Location: \_\_\_\_\_

Did you leave campus? YES NO

If so, what date did you return? \_\_\_\_\_

Did you receive first aid? YES NO

From whom: \_\_\_\_\_

Did you see a doctor? YES NO

Who? \_\_\_\_\_

Were you taken to the hospital? YES NO

By whom: \_\_\_\_\_

Was parent/guardian/family notified? YES NO

**Property Damage Information**

Describe any property damaged (including vehicle and/or equipment description and identification # (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_

**Signatures**

Signature of injured person \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of person reporting injury \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Director/Dean \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Signed copies of Report of Injury must be sent to:**  
**1.) Barb Farrell, Operations Office, Hawkeye Ctr.**  
**2.) Appropriate Director/Dean**