ILLINOIS STATE UNIVERSITY **University Risk Management**

Non-Employee Accident Report

(Please Print & Sign)

Name: _____ _____ LAST FIRST MI	Date of Birth: _____/_____/_____	Phone:

Address	City	State	Zip

UID# (If applicable):	Status: ☐ Student ☐ Visitor ☐ Volunteer	Gender: Prefer not to disclose

Date Occurred: / /	Time Occurred: ☐AM ☐ PM

Accident/ Incident Type (Check all that apply): ☐ Medical ☐ Property Damage ☐ Injury ☐ Illness ☐ Vehicular	Accident Location (Bldg/ Room# or outdoor location):

Details

Description of Injury/ Illness/ Incident (i.e. Fracture; Cut, Burn; Sprain):	Body Group: ☐ Head ☐ Foot ☐ Hand ☐ Limb ☐ Trunk ☐ Systemic ☐ Other _____
Body Side: ☐Front ☐ Back ☐ Injured's right ☐ Injured's left ☐ Internal ☐External ☐ Other_____	Body Part (i.e. eye, finger, toe, etc.)

Outcome

☐ Medical/ First-Aid Treatment	☐ Individual Lost Consciousness	☐ Individual Died	☐ Other

Physician / Medical Care Provider:	Hospital / Medical Care Facility:

Notes

What was the injured person doing when accident occured?

How did accident/ incident occur?

If applicable, identify the object or substance responsible for injury, illness or incident.

I have completed this report and believe the accident occurred as stated.	**If completed by someone other than the injured party.**
_____ _____ Injured's Signature Date	_____ _____ Preparer's Name Date

Witness Name (Please Print)	**Contact Information:**
_____ _____ Witness #1 Date	_____ _____ Address Phone Number
_____ _____ Witness #2 Date	_____ _____ Address Phone Number

Please do not write below this line

Prognos Case number:	Date Entered	Special File: ☐ Yes ☐ No	Picture(s) Taken: ☐ Yes ☐ No	Entered by:

Please Submit to: University Risk Management, Campus Box 1270, Normal IL 61790-1270
or E-mail to RiskManagement@IllinoisState.edu

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