



OFFICE OF RISK MANAGEMENT

### Report of Personal Injury for Students or Visitors

1. Date injury occurred: \_\_\_\_\_ Time occurred: \_\_\_\_\_
2. Personal contact information of person injured:
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - E-Mail: \_\_\_\_\_
3. Location of incident: \_\_\_\_\_
4. Describe what happened: \_\_\_\_\_
5. Describe apparent injury: \_\_\_\_\_
6. Was an ambulance or University Police called?    \_\_\_\_\_ YES    \_\_\_\_\_ NO
7. Name/Address/Phone Number of any witnesses (if known):
8. Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete immediately and file-locker or fax to:**

**Tiffany Utermark**

**Fax: 765-496-1338**