

## RISK MANAGEMENT OFFICE

## Report of Personal Injury For Students or Visitors

1.	Date injury occurred:	Time occurred:
2.	Personal contact information of person injured:	
	Name:	
	Address:	
<ol> <li>3.</li> <li>4.</li> <li>7.</li> </ol>	Phone:	
	E-Mail:	
3.	Location of incident:	
4.	Describe what happened:	
5.	Describe apparent injury:	
6.	Was an ambulance or University Police called?	YESNO
7.	Name/Address/Phone Number of any witnesses (if known):	
8.	Form Completed by:	Date:

Complete immediately and mail or fax to:

Fax: 496-1338

Tiffany Utermark Risk Management Office FREH