



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 email or mail to:**

**Tiffany Utermark**  
[RiskMgmt@purdue.edu](mailto:RiskMgmt@purdue.edu)

**Office of Risk Management**  
**2550 Northwestern Ave, Suite 1100**  
**West Lafayette, IN 47906**