



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 mail, file-locker, or fax to:

**Tiffany Utermark
Risk Management
HOVDE Room 216**

Fax: 496-1338