



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: _____

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 or fax to:

**Tiffany Utermark
Risk Management Office
HOVDE Room 216**

Fax: 496-1338