

# ACCIDENT / INCIDENT REPORT FORM

VIRGINIA TECH - OFFICE OF RISK MANAGEMENT BLACKSBURG, VA. 24061 Mail Code 0310  
540-231-7439 riskmanagement@vt.edu

Name of Reporting Office \_\_\_\_\_ Date of Report \_\_\_\_\_

Name of Responsible Virginia Tech Representative \_\_\_\_\_

Address of VT Office \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Injured Person(s) or Involved Person(s) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Injured Person(s) or Involved Person(s) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent or Guardian (if minor) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name/Addresses of Witnesses (Each Witness Should Attach a Signed Statement of What Happened):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Type of Incident :      Behavioral              Accident              Illness              Other

Date of Incident/Accident: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Time \_\_\_\_\_ (am or pm)

Describe the Incident in Detail

What Activity was the Injured Participating in at the Time of the Incident? \_\_\_\_\_

Describe any Equipment/Property Involved in the Incident \_\_\_\_\_

Location Of Incident: \_\_\_\_\_

Diagram Showing Objects and Persons

Describe Emergency Procedures Followed as a Result of this Incident: \_\_\_\_\_

MEDICAL REPORT OF INCIDENT

Where was Treatment Given  At Accident Site  Doctor's Office  Hospital  Rescue Squad

Describe Treatment Given:

Treatment Given by Whom? \_\_\_\_\_ Date of Treatment \_\_\_\_\_

Was Injured Retained Overnight in Hospital?  Yes  No      If Yes, Where

Name of Attending Physician \_\_\_\_\_

Were the Parents or Guardian Notified?  Yes  No?\_

\_\_\_\_\_

By Whom? \_\_\_\_\_ Title \_\_\_\_\_ When \_\_\_\_\_

Response of Individual Notified \_\_\_\_\_

Prognosis of Injured at the Time of Report \_\_\_\_\_

Is there anything else we should know about this incident? \_\_\_\_\_

Person Completing Report \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

THIS ACCIDENT/INCIDENT REPORT IS **NOT** REQUIRED FOR INCIDENTS SUCH AS SCRAPES, BRUISES, SPRAINS, ETC. THIS INCIDENT REPORT IS REQUIRED FOR SERIOUS ILLNESSES, SIGNIFICANT BEHAVIORAL PROBLEMS OR ACCIDENTS INVOLVING INJURIES LIKE FRACTURED BONES, CHIPPED OR BROKEN TEETH, EXTENSIVE LACERATIONS INVOLVING SUTURES, FALLS INVOLVING UNCONCIOUSNESS, DISLOCATIONS, INCIDENTS INVOLVING WATER WHICH REQUIRE RESUSCITATION, OR ANY INJURY REQUIRING MEDICAL TREATMENT.

THIS ACCIDENT/INCIDENT REPORT IS ALWAYS REQUIRED WHEN THE PROCEDURES OUTLINED ON THE EMERGENCY RESPONSE CARD AND CARRIED BY ALL COOPERATIVE EXTENSION REPRESENTATIVES ARE INITIATED. ONCE COMPLETED THE FORM SHOULD BE FAXED TO 540-231-5064 AND THE ORIGINAL MAILED THE VIRGINIA TECH OFFICE OF RISK MANAGEMENT.