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	e 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	
3			' Illness	
Type of Incident : ~ Behavioral  Date of Incident/Accident: Day Month				
Describe the Incident in Detail				
What Activity was the Injured Participating in at the T	Time of the Incide	ent?		
Describe any Equipment/Property Involved in the Inci	ident_			

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 ~ Now?_
By Whom?TitleWhen
Response of Individual Notified
Prognosis of Injured at the Time of Report
le there anything also we should know about this incident?
Is there anything else we should know about this incident?
Person Completing ReportSignature
PositionPhoneFax

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.