

*Southern Utah University*  
**ACCIDENT REPORT**

Name of Injured :	Date :
Local Address:	Home Phone: Cell Phone:
Date Accident Occurred :	Time Accident Occurred :
Specific Location of Accident Occurrence :	
What Was Person Doing When Injured?	
How Did Accident Occur?	
Nature Of Injury:	
Part of Body Injured:	
Person Rendering Emergency Care:	
Type of Emergency Care Rendered:	
Where was injured taken? (Please check one)	
Home	Doctor's Clinic
Hospital	Other (please list)
Method of Transportation:	
Name of Instructor or Supervisor Present:	
Accident Witness	
1. _____ (Name)	2. _____ (Name)
_____	_____
(Address)	(Address)
Report Filed By:	Date
A copy of this report should be retained by the supervisor And a copy sent to the SUU Manager, Space Planning, Risk & Project Administration at FM 111, fax to 586-5482, or e-mail to kyhl@suu.edu.	