

*Southern Utah University*  
**ACCIDENT REPORT**

|                                                                                                                                                                                                           |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Name of Injured :                                                                                                                                                                                         | Date :                     |
| Local Address:                                                                                                                                                                                            | Home Phone:<br>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. _____<br>(Name)                                                                                                                                                                                        | 2. _____<br>(Name)         |
| _____                                                                                                                                                                                                     | _____                      |
| (Address)                                                                                                                                                                                                 | (Address)                  |
| Report Filed By:                                                                                                                                                                                          | Date                       |
| A copy of this report should be retained by the supervisor<br>And a copy sent to the SUU Manager, Space Planning, Risk & Project Administration at FM 111,<br>fax to 586-5482, or e-mail to kyhl@suu.edu. |                            |