

Non-Employee Accident Report

Name: _____, _____ LAST FIRST MI		Date of Birth: ____/____/____	Phone: (____) _____ - _____ (____) _____ - _____ Hm Wk	
Address		City	State	Zip
SS#: - -	Status: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date Occurred: / /		Time Occurred: : <input type="checkbox"/> AM <input type="checkbox"/> PM		
Accident/ Incident Type: <input type="checkbox"/> Medical <input type="checkbox"/> Property Damage <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Vehicular {check all that apply}		Accident Location:		

Details

Type of Injury/ Illness/ Incident:	Body Group: <input type="checkbox"/> Head <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Limb <input type="checkbox"/> Trunk <input type="checkbox"/> Systemic <input type="checkbox"/> Other _____
Body Side: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Injured's right <input type="checkbox"/> Injured's left <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Other _____	Body Part (i.e. eye, finger, toe, etc.)

Outcome

<input type="checkbox"/> Medical/ First-Aid Treatment	<input type="checkbox"/> Individual Lost Consciousness	<input type="checkbox"/> Individual Died	<input type="checkbox"/> Other
Physician / Medical Care Provider:		Hospital / Medical Care Facility:	

Notes

What was injured doing when injured?

How did accident/ incident occur?

If applicable, identify the object or substance responsible for injury, illness or incident.

I have completed this report and believe the accident occurred as stated. _____ Injured's Signature Date	I have completed this report for the injured and believe the accident occurred as stated. _____ Preparer's Signature (If other than injured) Date
I have read this report and concur that the accident happened as stated. _____ Witness #1 Signature Date	I have read this report and concur that the accident happened as stated. _____ Witness #2 Signature Date

Please Note:

The data contained in this report is to be used for informational and analytical purposes only. In no way shall the completion of this form assume or assign responsibility to any individual, party or institution for the accident that is described herein.

Please do not write below this line

Prognos Case number:	Special File: <input type="checkbox"/> Yes <input type="checkbox"/> No	Picture(s) Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	Log ID#	Entered by:
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