## **ILLINOIS STATE UNIVERSITY**

## **University Risk Management**

## Non-Employee Accident Report (Please Print & Sign)

Name:				Date of Bi	rth:	Phone:		
LAST	– ————————————————————————————————————	RST	MI	/	/			
Address			City			St	ate	Zip
	T							
UID# (If applicable):	St	tatus: Studen	t 🗌 V	Sex: Sex:		Sex:	☐ Male	Female
Date Occurred:				Time Occurred:				
Accident/ Incident Type (Check a  Medical Property Da  Illness Veh			nt Locat	tion (Bldg/ 1	Room# or outd	loor locat	ion):	
Details								
Description of Injury/ Illness/ Incident (i.e. Fracture; Cut, Burn; Sprain):				Body Group:				
Body Side: Front Back Injured's right Injured's left Internal External Other				Body Part (i.e. eye, finger, toe, etc.)				
			Outco	ome				
☐ Medical/ First-Aid Treatment	lical/ First-Aid			☐ Individual Died			Other	
					Medical Care Fac	cility:		
Notes								
What was the injured person doin	g when accident	occured?						
How did accident/ incident occur	?							
If applicable, identify the object of	r substance resp	onsible for inju	ıry, illne	ess or incider	nt.			
I have completed this report and believe the accident occurred as stated.				If completed by someone other than the injured party.				
Injured's Signature Date			P	Preparer's Name				Date
Witness Name (Please Print)			C	Contact Inform	nation:			
Witness #1		Date		address				Phone Number
Witness #2		Date		Address				Phone Number
Prognos Case number:	Date Entered	Please do	Special F	e below this lin	Picture(s) '	Taken:		Entered by: