

# ACCIDENT / INCIDENT REPORT FORM

VIRGINIA TECH - OFFICE OF RISK MANAGEMENT  
BLACKSBURG, VA. 24061 Mail Code 0310  
540-231-7439 FAX-540-231-5064

Name of Responsible Office \_\_\_\_\_ Date of Report \_\_\_\_\_

Name of Responsible Virginia Tech Representative \_\_\_\_\_

Address of 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 \_\_\_\_\_

Name/Addresses of Witnesses (Each Witness Should Attach a Signed Statement of What Happened):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Type of Incident :     Behavioral                       Accident                       Illness                       Other

\_\_\_\_\_

Date of Incident/Accident: Hour \_\_\_\_\_ (am or pm) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Describe the Incident in Detail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location Of Incident and Diagram Showing Objects and Persons

What Activity was the Injured Participating in at the Time of the Incident \_\_\_\_\_

Describe any Equipment Involved in the Incident \_\_\_\_\_

Describe Emergency Procedures Followed as a Result of this Incident: \_\_\_\_\_

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MEDICAL REPORT OF INCIDENT

Were the Parents or Guardian Notified ?  Yes  No

How? \_\_\_\_\_

By Whom? \_\_\_\_\_ Title \_\_\_\_\_ When \_\_\_\_\_

Response of Individual Notified \_\_\_\_\_

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 \_\_\_\_\_

Prognosis of Injured at the Time of Report \_\_\_\_\_

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Comments \_\_\_\_\_

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Person Completing Report \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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 HOSPITAL STAY.

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 MAILED THE VIRGINIA TECH OFFICE OF RISK MANAGEMENT.