



WARNER PACIFIC UNIVERSITY

Accident Report Form

Indicate Work Status of Person(s) Involved: Employee Student Student Employee
Volunteer Visitor Other (Specify) _____

Personal Information

Name of Person Involved _____

SSN _____ - _____ - _____ Other Identification _____

Current Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Cell phone _____ Home Phone _____ Work Phone _____

Date of Birth ____/____/____ Age ____ Gender: Male Female

Emergency Notification Name _____ Phone _____ Relationship _____

Accident Information

Date of Accident/Incident ____/____/____ Time of Accident/Incident _____ a.m. p.m.

Date Reported ____/____/____ Time Reported _____ a.m. p.m.

Location of Accident/Incident _____

Job Title(s) of Person(s) Involved _____

Organization(s) & Department(s) _____

Was person performing regular job duties? Yes No

Did person complete shift following the accident? Yes No

Will person lose time from work other than day of accident? Yes No

Description of Accident/Incident _____

Bodily Injury

Description of Injury _____

Probably Cause of Injury _____

Describe initial First Aid or Medical Treatment, including on-site treatment and follow-up treatment at ER or other (where, by whom, what was done) _____

Property Damage

Name of Property Owner _____ Phone _____

Address _____

City _____ State _____ Zip _____

Description of Property _____

Witnesses

1. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Corrective Action Taken

Report Completed By

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Organization _____ Job Title _____ Date ____/____/____

Supervisor

Name _____ Phone _____

Supervisor's Organization _____ Position _____

Supervisor's Signature _____ Date ____/____/____