



ACCIDENT REPORT FORM

Columbus State University

Name: Gender: F M Date of Accident:
Student Faculty/Staff Guest Other
DOB:
Student or Faculty ID# (If Applicable)
Home Address:
City:
State: Zip Code:
Time of Accident:
Report Prepared By:
Time Report Prepared:
Best Phone Number: () -

Location Where Injury Occurred:

ACTION(S) TAKEN

First-Aid Treatment: Yes / No
Referred to Health Center: Yes / No
Called Campus Police: Yes / No
Injured Person Requested EMS Attention: Yes / No
Injured Person Refused Medical Attention: Yes / No
Explanation of treatment:
Police Report Number:

DESCRIPTION OF THE ACCIDENT

TO BE COMPLETED BY THE ATTENDING CSU FACULTY OR STAFF MEMBER

NOTE: Attach photographs of the area, equipment, and injury.

Attending CSU Faculty or Staff's Name: Phone Number () -

What I personally observed:

What I was told:

Actions I personally took:

