

ACCIDENT REPORT FORM

Columbus State University

NOTE: Attach photographs of the area, equipment, and injury. Attending CSU Faculty or Staff's Name: Phone Number (
DOB: _ / _ / _ Report Prepared By: AM /PM Home Address:				
Student or Faculty ID# (If Applicable) Time Report Prepared:: AM /PM Home Address:	☐ Student ☐ Faculty/Staf	f □ Guest □ Other	Time of Accident::AM	/PM
Home Address:	DOB:/		Report Prepared By:	
City:	Student or Faculty ID# (If Ap	plicable)	Time Report Prepared:: AM	M/PM
State: Zip Code: 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 Explanation of treatment: 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:	Home Address:			
ACTION(S) TAKEN ACTION(S) TAKEN First-Aid Treatment: Yes / No Referred to Health Center: Yes / No Called Campus Police: Yes / No Police Report Number: Injured Person Requested EMS Attention: Yes / No Injured Person Requested EMS Attention: Yes / No Explanation of treatment: 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 Phone Number Mat I personally observed: What I personally observed:	City:		Best Phone Number: ()	
ACTION(S) TAKEN First-Aid Treatment: Yes / No Referred to Health Center: Yes / No Referred to Health Center: Yes / No Police Report Number: Injured Person Requested EMS Attention: Yes / No Injured Person Refused Medical Attention: Yes / No Explanation of treatment: 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: Actions I personally took:	State: Zip Code:	:		
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Actions I personally took:	What I personally observed:			
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	Actions I personally took:			
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WITNESS / INJURED PERSON STATEMENTS

WITNESS / INJURED PERSON (Circle One)			
Print Name:	Phone Number ()		
Statement:			
	/		
Signature	Date		

- A copy of this entire report MUST be filed with:
 1. Responding Faulty or Staff Member's Direct Supervisor, and Head of the their department (if not the same person)

 2. Director of Enterprise Risk Management, Richards Hall
 - 205A
 - 3. University Police