

ARKANSAS STATE UNIVERSITY – INCIDENT REPORT FORM

Injured Party Information:

Status: _____ Student _____ Employee _____ Visitor _____ Other

Name: _____ Phone #: _____

Address: _____ City/State/Zip: _____

A-State ID: _____ If Visitor or Other: D.L. No. _____

Description of Incident:

Date and Time of Incident: _____

Location of Incident: _____

Nature of Injury:

Asphyxiation ___ Burn ___ Laceration/Cut ___ Other (specify): _____

Amputation ___ Concussion ___ Poisoning ___ _____

Abrasion ___ Dislocation ___ Puncture ___ _____

Bite ___ Fainting ___ Shock ___ _____

Bruise ___ Fracture ___ Sprain/Strain ___ _____

Part of Body Injured:

Abdomen ___ Ear ___ Hand ___ Mouth ___ Other (specify): _____

Ankle ___ Elbow ___ Head ___ Neck ___ _____

Arm ___ Eye ___ Hip ___ Nose ___ _____

Back ___ Finger ___ Knee ___ Shoulder ___ _____

Chest ___ Foot ___ Leg ___ Teeth ___ _____

How did the incident happen? What was the individual doing? List specific activity or conditions that led to the incident.

What damages are being sought from the university? _____ State the value: _____

Witnesses:

Name: _____

Phone: _____

Address: _____

Witness Statement: _____

Name: _____

Phone: _____

Address: _____

Witness Statement: _____

_____**Immediate Action Taken:**

Ambulance Called: _____ Transferred to Hospital: _____ If yes, which hospital: _____

Transferred to Student Health Center _____ by: _____

Referred to Student Health Center: _____ Other: _____

A-State Employee Completing Report (print name/department): _____

Signature: _____ Date: _____

**THIS DOCUMENT MUST BE SUBMITTED TO THE OFFICE OF RISK MANAGEMENT
Administration Building, Room 104 or risk@astate.edu**