

CURIE ACCIDENT/INCIDENT REPORT

NAME OF INSTITUTION

NAME AND TITLE & DEPT. OF INDIVIDUAL COMPLETING THIS REPORT (BLOCK LETTERS, PLEASE)

ACCIDENT LOCATION INFORMATION DATE & TIME OF ACCIDENT D / M / Y TIME AM. PM.

FACILITY: ACTIVITY:

LOCATION OF ACCIDENT WITHIN FACILITY: OUTDOORS: BUILDING: ROOM #:

DESCRIBE EXACT SITE OF ACCIDENT INCLUDING ANY CONTRIBUTING PHYSICAL SITE CONDITIONS:

IDENTITY OF ACCIDENT VICTIM NAME F M AGE ____

ADDRESS PHONE (HOME & BUSINESS)

HOME ADDRESS(IF OTHER THAN ABOVE)

STUDENT AT INSTITUTION STUDENT # _____ EMPLOYEE OF INSTITUTION VISITOR

INJURY DESCRIPTION

DESCRIBE CONDITION OR INJURY:

TREATMENT RECEIVED? BY WHOM?

PROPERTY DAMAGE

OWNER: ADDRESS:

PHONE- BUSINESS: HOME:

DESCRIBE PROPERTY:

DESCRIBE DAMAGE:

DESCRIPTION OF ACCIDENT

DESCRIBE EXACTLY WHAT HAPPENED - *IN VICTIM'S OWN WORDS IF POSSIBLE*- (ATTACH SEPARATE REPORT WHEN REQUIRED)

MEDICAL ASSISTANCE OFFERED? ACCEPTED? IF SO, SPECIFY TYPE:

WITNESS (Identification is Vital!)

NAMES: ADDRESSES: PHONE NUMBERS:

REACTION/RESPONSE HOW WAS ACCIDENT REPORTED? BY WHOM?

TIME REPORT RECEIVED? WHO RESPONDED? RESPONSE TIME:

MISCELLANEOUS (Relevant Information not included above)

REPORTED TO INSURANCE ADJUSTER (Identify Adjuster)

PREPARATION

PREPARED BY: TELEPHONE #:

DATE: SIGNATURE:

