



## Student Accident Report Form Eastern Kentucky University

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### I. Individual Involved In Accident

Name: \_\_\_\_\_  
Last First M.I.

On Campus  Off Campus

Local Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_ City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Local Phone #: \_\_\_\_\_ Permanent Phone #: \_\_\_\_\_

Sex: Male/Female Age: \_\_\_\_\_ Student I.D.# \_\_\_\_\_

Was Student Acting as an EKU Employee at the Time of the Accident? \_\_\_\_\_  
Yes No

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### II. Accident Details

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Exact Location of Accident: \_\_\_\_\_

Details of the Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Injury: \_\_\_\_\_  
\_\_\_\_\_

Witness(es) Name(s): \_\_\_\_\_  
Witness(es) Contact Information: \_\_\_\_\_

III. Follow-up

Emergency Care Provided (Please be Specific): \_\_\_\_\_

\_\_\_\_\_

Please send this completed document to Ann Cotton, Environmental Health and Safety/Risk Management and Insurance, ECU, Adams House, or [ann.cotton@ecu.edu](mailto:ann.cotton@ecu.edu) if you do not submit it directly online. Thank you.