



## Visitor Accident Report Form Eastern Kentucky University

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### I. Individual Involved In Accident

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

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

City: \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_ Permanent Phone #: \_\_\_\_\_

Sex: Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_

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### II. Accident Details

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

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

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

Why were you at that location? \_\_\_\_\_

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

Witness(es) Name(s) and phone number(s): \_\_\_\_\_

### 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, EKU, Adams House, or [ann.cotton@eku.edu](mailto:ann.cotton@eku.edu) if you do not submit it directly online. Thank you.