



Visitor Accident Report Form Eastern Kentucky University

I. Individual Involved In Accident

Name: _____
Last First M.I.

Local/Permanent Address: _____

City: _____, State _____, Zip _____ Permanent Phone #: _____

Sex: Male/Female: _____ Age: _____

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): _____

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Please send this completed document to Traci Patrick, Environmental Health and Safety/Risk Management and Insurance, EKU, Adams House, or traci.patrick@eku.edu if you do not submit it directly online. Thank you.