



The Office of People, Culture, and Talent  
Risk Management Department

NON-OCCUPATIONAL (INSTRUCTOR) ACCIDENT REPORT

Instructions: Fill out completely and submit this form to the Risk Management Department (ext. 6428).

Today's Date: \_\_\_\_\_

1. Injured Student's First Name: \_\_\_\_\_ 2. Injured Student's Last Name: \_\_\_\_\_

3. Address: \_\_\_\_\_ 4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_

6. Zip Code: \_\_\_\_\_ 7. Telephone #: \_\_\_\_\_

8. Department/Division where injury occurred: \_\_\_\_\_

9. Class title/CRN at time of injury: \_\_\_\_\_

10. Date of Incident: \_\_\_\_\_ 11. Time of Incident: \_\_\_\_\_  am  pm

12. Location where the incident occurred (include which campus; room number; where in the room): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What part of the body was injured (i.e. back, left wrist, right eye, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How did the incident occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Did you witness the incident?  Yes  No

16. Other Witness(es) to the incident?  Yes  No \_\_\_\_\_ if yes, name(s) \_\_\_\_\_  
\_\_\_\_\_

17. Did an unsafe condition contribute to the incident:  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

18. How could the incident have been prevented? \_\_\_\_\_

19. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Instructor's Signature: \_\_\_\_\_