



Accident/Incident Report

VIRGINIA TECH - OFFICE OF RISK MANAGEMENT BLACKSBURG, VA. 24061 Mail Code 0310

540-231-7439 FAX: 540-231-5064

Name of Reporting Office _____ Date of Report _____

Name of Responsible Virginia Tech Representative _____

Address of VT Office _____ State _____ Zip _____ Phone _____

Name of Injured Person(s) or Involved Person(s) _____ Age _____ Sex _____

Address _____ State _____ Zip _____ Phone _____

Name of Injured Person(s) or Involved Person(s) _____ Age _____ Sex _____

Address _____ State _____ Zip _____ Phone _____

Name of Parent of Guardian (if minor) _____ Age _____ Sex _____

Address _____ State _____ Zip _____ Phone _____

Name/Address of Witnesses (Each Witness Should Attach a Signed Statement of What Happened):

1. _____

2. _____

3. _____

Type of Incident: Behavioral Accident Illness Other

Date of Incident/Accident: Day _____ Month _____ Year _____ Time _____ (am or pm)

Describe the Incident in Detail (Use back of form, or attach additional sheet, if more room is needed)

What Activity was the Injured Participating in at the Time of the Incident? _____

Describe any Equipment/Property Involved in the Incident _____

Location of Incident: _____

Diagram Showing Objects and Persons

Describe Emergency Procedures Followed as a Result of this Incident: _____

MEDICAL REPORT OF INCIDENT

Where was Treatment Given At Accident Site Doctor's Office Hospital Rescue Squad

Describe Treatment Given :

Treatment Given by Whom? _____ Date of Treatment _____

Was Injured Retained Overnight in Hospital? Yes No If Yes, Where _____

Name of Attending Physician: _____

Were the Parents or Guardian Notified? Yes No How? _____

By Whom? _____ Title _____ When _____

Response of Individual Notified _____

Prognosis of Injured at the Time of Report: _____

Is there anything else we should know about this incident? _____

Person Completing Report _____ Signature _____

Position _____ Phone _____ Fax _____

THIS ACCIDENT/INCIDENT REPORT IS NOT REQUIRED FOR INCIDENTS SUCH AS SCRAPES, BRUISES, SPRAINS, ETC. THIS INCIDENT REPORT IS REQUIRED FOR SERIOUS ILLNESSES, SIGNIFICANT BEHAVIORAL PROBLEMS OR ACCIDENTS INVOLVING INJURIES LIKE FRACTURED BONES, CHIPPED OR BROKEN TEETH, EXTENSIVE LACERATIONS INVOLVING SUTURES, FALLS INVOLVING UNCONCIOUSNESS, DISLOCATIONS, INCIDENTS INVOLVING WATER WHICH REQUIRE RESUSCITATION, OR ANY INJURY REQUIRING MEDICAL TREATMENT.

THIS ACCIDENT/INCIDENT REPORT IS ALWAYS REQUIRED WHEN THE PROCEDURES OUTLINED ON THE EMERGENCY RESPONSE CARD AND CARRIED BY ALL COOPERATIVE EXTENSION REPRESENTATIVES ARE INITIATED. ONCE COMPLETED THE FORM SHOULD BE FAXED TO 540-231-5064 AND THE ORIGINAL MAILED THE VIRGINIA TECH OFFICE OF RISK MANAGEMENT.