



ACCIDENT/MEDICAL INCIDENT REPORT

Submit completed form to the Columbia Campus Security office located in the Facility Services building. If more than one person is involved, complete a separate form for each individual.

INDIVIDUAL INVOLVED:

NAME: _____ AGE: _____ A# _____

ADDRESS: _____ PHONE: _____

DATE: _____ TIME: _____ LOCATION: _____

Describe how accident/incident occurred. [Give ample detail, including any contributing weather event, surface condition at the location, activity the individual was performing, object, person, machine, or article contributing to injury. If necessary, use separate sheet or back of form to fully describe.]

Description of injury. [Name part(s) of body involved; verify right or left side of body; give details.]

Response to injury given by Columbia State employee/others. Be specific.

Name(s) of Columbia State employees/others providing response: _____

Name of individual preparing report: _____

Address (if non-employee): _____ Phone #: _____

Date of Report: _____ Date Campus Security Notified: _____