



# Accident Report

Middle Tennessee State University, Murfreesboro, TN 37132

Report should be filed out by injured part or witness (if injured party is unable) and turned into the department office, Laboratory coordinator, or EHS service

## Information of the Victim

Name of Injured: First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Report (M/D/Y): \_\_\_\_\_ M#: \_\_\_\_\_

Student:      Full-time              Part-time              Visitor:              Volunteer:

## General Information of Incident

Date of Accident (M/D/Y): \_\_\_\_\_ Time: \_\_\_\_\_

Location (Building and Room/Area): \_\_\_\_\_

Incident Occurred During:      Class/Lab              Research              Other: \_\_\_\_\_

Severity:      No Treatment              First Aid Only              Medical Treatment              Hospitalization              Fatality

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments About the Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. I understand that knowingly filing a false report may constitute fraud and may result in prosecution.

Signature of Injured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of filer (if different): \_\_\_\_\_ Date: \_\_\_\_\_