

UNIVERSITY of HOUSTON

DEPARTMENT OF RISK MANAGEMENT

STUDENT / VISITOR ACCIDENT REPORT FORM (To Be Completed By Individual Involved In Accident)

1. Name: _____ Student ID #: _____

2. Student: _____ Visitor: _____

3. Address: _____ City: _____ State: _____ Zip: _____

4. Home Phone: _____ Work Phone: _____

5. Age: _____ Gender: _____ Speak English? Yes No

6. Date of Accident: ____/____/____ Day of Week: _____ Time: _____

7. Place where accident occurred: (a) Premises: _____ (b) State: _____

(c) Town: _____ (d) County: _____ (e) Zip: _____

8. Describe fully how accident occurred; state what student/visitor was doing at the time:

9. Names, Phone Numbers, and Addresses of Witnesses:

10. If Injured, Describe Injury or Illness in Detail:

(a) Indicate part(s) of body affected: _____

11. Physician Name: _____ Address: _____

_____ Phone No: _____

12. Name and Address of Hospital: _____

Date of this report: ____/____/____

Completed by: _____

Once completed, please return to:

Department of Risk Management, University of Houston – 4302 University Drive, Rm. 22, Houston TX 77204

or Fax to 713-743-1501. If you have questions or concerns, please call 713-743-0414.