



STUDENT / VISITOR ACCIDENT REPORT FORM

(To Be Completed By Individual Involved In Accident)

1. Name: \_\_\_\_\_ Student ID or DL No.: \_\_\_\_\_

2. Student: \_\_\_\_\_ Visitor: \_\_\_\_\_

3. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone No: Home \_\_\_\_\_ Work \_\_\_\_\_

5. Age: \_\_\_\_\_ Sex: \_\_\_\_\_ 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 the Risk Management, University of Houston, 4211 Elgin, Rm. 183, Houston TX 77204-1005, UH Mail Code: RM 1005, Fax 713-743-8035. If you have question please call 713-743-5858.