

# 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.