Accident Report

Rhode Island College Student Activities
Student Union 408
(401) 456-8034
http://www.ric.edu/student_activities/

Please complete this form if there is a major accident or injury at an event and bring a copy to Student Union 408.

Name of Injured:______________________________Sex:___Age:___
Address:________________________________________________________________________
Phone number: ________________EMPL ID __________
Status:
   Member:___Guest_____Other(specify)___________
Location of Accident:___________________Date:____Time:____
If injured during an activity, was the activity supervised?  Yes___No___
Staff Member on duty__________________________

Description of accident:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Apparent Nature of Injury:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

First Aid administered by:__________________________
First Aid Treatment provided:_______________________
__________________________________________________________________________________
__________________________________________________________________________________

Witness(es):
Name:_________________Telephone:__________
Current Address:__________________EMPL ID __________
Name:_________________Telephone:_______
Current Address:__________________EMPL ID __________