



STUDENT/PUBLIC ACCIDENT OR INJURY REPORT
ALL ITEMS MUST BE COMPLETED

NAME OF INJURED: 800 #:	DATE OF BIRTH: MO _____ DAY _____ YEAR _____ SEX: Male Female
STATUS: Freshman Sophomore Junior Senior Visitor Other: _____	SCHOOL ADDRESS, if applicable (include phone #):
HOME ADDRESS (INCLUDE PHONE #):	DATE AND TIME OF ACCIDENT:
EXACT LOCATION OF ACCIDENT (Specify building, room #, parking lot, walkway etc.)	FULLY DESCRIBE HOW THE ACCIDENT HAPPENED:
DESCRIBE TYPE OF INJURY AND PART OF BODY AFFECTED (e.g. cut to right arm, injury to left ankle, etc.):	DID STUDENT/VISITOR GO TO HEALTH SERVICES, DOCTOR OR HOSPITAL? If yes, doctor and/or hospital (Name & Address): _____ _____ _____
WITNESS (Name, Address & Phone #):	REPORT COMPLETED BY (Please print): Name: _____ Phone #: _____ Date: _____ Campus Address: _____ Signature: _____

Please send all completed forms to Brett Shepler, Health & Safety Officer, 140 Wall Service Complex OR sheplebb@delhi.edu or 607-746-4157 (fax); **STUDENTS ONLY:** A copy should also be sent to the Health Service at 607-746-4141 (fax) or healthservices@delhi.edu. Be sure to retain a copy of this form for your own record.