

**STUDENT / VISITOR / CONTRACTOR ACCIDENT REPORT FORM**

**(To Be Completed By Individual Involved In Accident)**

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| **1. Name:**      | **Student ID or DL No.:**       |
| **2. Student:** [ ]  **Visitor:** [ ]  **Contractor:** [ ]  |  |
| **3. Address:**       | **City, State:**       **Zip:**       |
| **4. Phone No: Home**       | **Work**       |
| **5. Age:**       **Sex:**  **Speak English?: Yes** [ ]  **No** [ ]  |

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| **6. Date of Accident:**       | **Day of Week:**  | **Time:**       am [ ]  pm [ ]  |
| **7. Place where accident occurred (a) Premises:**       |  | **(b) State:**       |
|  **(c) Town:**       | **(d) County:**       | **(e) Zip:**       |

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| **8. Describe fully how accident occurred; state what student/visitor/contractor was doing at the time:**       |
| **9. Names, Phone Numbers and Addresses of Witnesses:**       |

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| **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:**       |

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| **Date of this report:**       |
| **Completed by:**  |
| **Once completed, please return to the Risk Management, University of Houston-Downtown, One Main Building, Rm. 621 South, Houston TX 77002, Fax 713-226-5546. If you have question please call 713-221-8040.** |