

**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.** |