



Accident/Incident Report

VIRGINIA TECH - OFFICE OF RISK MANAGEMENT (0310)
BLACKSBURG, VA. 24061
540-231-7439 FAX: 540-231-5064

Name of Responsible Office _____ Date of Report _____

Name of Responsible Virginia Tech Representative _____

Address _____ State _____ Zip _____

Phone _____

Name of Injured Person(s) or Involved Person(s) _____ Age _____ Sex _____

Address _____ State _____ Zip _____

Phone _____

Name of Injured Person(s) or Involved Person(s) _____ Age _____ Sex _____

Address _____ State _____ Zip _____

Phone _____

Name of Parent or Guardian (if minor) _____ Age _____ Sex _____

Address _____ State _____ Zip _____

Phone _____

Name/Addresses of Witnesses (Each Witness Should Attach a Signed Statement of What Happened):

1. _____

2. _____

3. _____



Type of Incident:

Behavioral Accident Illness Other _____

Date of Incident/Accident: Hour _____ (am or pm) Day _____ Month _____ Year _____

Describe the Incident in Detail: _____

Location of Incident and Diagram Showing Objects and Persons: _____

What Activity Was the Injured Participating in at the Time of the Incident? _____

Describe any Equipment Involved in the Incident: _____

Describe Emergency Procedures Followed as a Result of this Incident: _____

MEDICAL REPORT OF INCIDENT

Were the Parents or Guardian Notified? Yes No How? _____

By Whom? _____ Title _____ When _____

Response of Individual Notified _____

Where was Treatment Given?

At Accident Site Doctor's Office Hospital Rescue Squad

Describe Treatment Given : _____

Treatment Given by Whom? _____ Date of Treatment _____

Was Injured Retained Overnight in Hospital?

Yes No If Yes, Where _____

Name of Attending Physician: _____

Prognosis of Injured at the Time of Report: _____

Comments _____

Person Completing Report _____ Signature _____

Position _____ Phone _____ Fax _____

THIS ACCIDENT/INCIDENT REPORT IS NOT REQUIRED FOR INCIDENTS SUCH AS SCRAPES, BRUISES, SPRAINS, ETC. THIS INCIDENT REPORT IS REQUIRED FOR SERIOUS ILLNESSES, SIGNIFICANT BEHAVIORAL PROBLEMS OR ACCIDENTS INVOLVING INJURIES LIKE FRACTURED BONES, CHIPPED OR BROKEN TEETH, EXTENSIVE LACERATIONS INVOLVING SUTURES, FALLS INVOLVING UNCONCIOUSNESS, DISLOCATIONS, INCIDENTS INVOLVING WATER WHICH REQUIRE RESUSCITATION, OR ANY INJURY REQUIRING HOSPITAL STAY.

THIS ACCIDENT/INCIDENT REPORT IS ALWAYS REQUIRED WHEN THE PROCEDURES OUTLINED ON THE EMERGENCY RESPONSE CARD AND CARRIED BY ALL COOPERATIVE EXTENSION REPRESENTATIVES ARE INITIATED. ONCE COMPLETED THE FORM SHOULD BE FAXED TO 540-231-5064 AND MAILED THE VIRGINIA TECH OFFICE OF RISK MANAGEMENT.

