

**TRUMAN STATE UNIVERSITY
INCIDENT INVOLVING INJURY REPORT FORM**

Date of Incident: _____ Time of Incident: _____

Place of Occurrence: _____ Course (Department & Number): _____

Name of Injured Person: _____

Local Address of Injured Person: _____

Local Phone: _____ Banner ID: _____ Gender: M F (circle)

Name of Contact Person: _____

Home Address: _____

Home Phone: _____ Instructor/Supervisor's Name: _____

Describe details of the occurrence (including any equipment, chemicals, organisms or materials involved).

Describe the specific part of the body injured and nature of the injury.

Describe actions taken (first aid, treatment at clinic or hospital, blood policy followed, etc.).

Names and addresses of witnesses.

Signature of Student(s) Date

Signature of Department Chair Date

Prepared by: _____ Date: _____