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 **Accident Report**

Instructions for completing the form.

Please complete this form accurately and objectively. Any field with a red * is required and must be completed before submitting the form.

Date of Accident

11.21.2022

 *

Time of Accident

12:28 PM

 *

Facility where accident occurred

*

Location of accident

*

Brief Alert Text Description

*

Severity:

EMS / Fire (A)

Police (A)

Moderate

Minor

Person(s) Involved List

First Name

Last Name

Email

Phone



Person(s) Involved

Member

Guest

Employee

Affiliation

Event participant

Faculty/Staff

University Recreation Staff

Sponsored Guest

Student

Other

First Name

MI

Last Name

Street Address

Apartment / Unit #

City

Select State/Province

Zip

Home Phone

Alternate Phone

Email Address

Activity at the time of accident?

Activity

Suspected Nature of Injury


General

Body Part Injured

Choose type of Injury

Action Taken

No Injury Added

 Add Injury




Care Provided


Care Provided

Please add images (max of 3 images) OR add video (maximum of 1 min)

Images

Videos

File Name	Type	Size		
				 Attach Photo

 add more person(s) involved

Was a witness present?

Yes No

Witnesses List

First Name	Last Name	Email	Phone	
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Witness Status

Member

Guest

Employee

First Name

MI

Last Name

Home Phone

Alternate Phone

Email Address

Description of Accident

Witness written account



add more witnesses



delete recently added witnesses

Employee Completing Report

Connor

MI

Black

Home Phone

Alternate Phone

cgb288@msstate.edu

Description of Accident

Report Filer's Account of Accident

SUBMIT 