STUDENT or VISITOR ACCIDENT REPORT FORM
West Virginia University
Environmental Health and Safety

THE INJURED STUDENT OR VISITOR AND WVU DEPARTMENT REPRESENTATIVE SHOULD COMPLETE THIS FORM.

Name: ________________________________ Status: (circle one) Student or Visitor

________________________________ Phone: ________________________________

Date: ____________________________ Time accident occurred: ________________________

Sex: Male or Female (circle one) Age: ________________

Building/Location and Room or area in which accident occurred: ____

Description of Accident: Please describe how the accident happened. What was the injured person doing? List any specific acts by individuals or conditions that led to the accident. (include any tools, machinery or instruments involved)

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Nature of Injury			Part of Body Injured		
___Abrasion	___Cut	___Scratch	___Abdomen	___Face	_____Leg
___Amputation	___Dislocation	___Shock	___Ankle	___Finger	_____Mouth
___Asphyxiation	___Fracture	___Sprain	___Back	___Foot	_____Nose
___Bite	___Laceration	___Splinter	___Chest	___Forearm	_____Shoulder
___Bruise	___Poisoning	___Strain	___Ear	___Hand	_____Teeth
___Burn	___Puncture	_ Fainted	___Elbow	___Head	_____Wrist
___Concussion	___Repetitive Stress Injury		___Eye	___Knee	
Other specify) ______________________			Other (specify) ______________________		

Was first aid administered? Y or N
Did you receive medical treatment? Y or N
Treatment location: ______________________________________

Signed: ________________________________ ________________________________
or Student WVU Department Representative

Signed: ________________________________
Visitor

E-Mail Original to: WVUInjuryIncidentReport@mail.wvu.edu