



Accident Report

Middle Tennessee State University, Murfreesboro, TN 37132

(Report should be filled out by student or instructor (if student is unable) and turned in to the departmental office, laboratory coordinator or EHS service)

Information of the Victim

Name of injured: First _____ Intial _____ Last _____

Home address _____

City, state, zip _____

Home phone _____ Cell phone _____

Date of Report (month/day/year): ____/____/____ M# _____

Student: Full-time Part-time Classification: Undergraduate Graduate

General Information of Incident

Date of Accident (month/day/year): ____/____/____ Time _____

General Location (Building and Room/Area) _____

Incident Occurred during: Class/Lab Research Other: _____

Severity of Injury: No treatment First Aid only Medical treatment Hospitalization Fatality

Description of Incident _____

Other Comments About the Incident

Physician/Hospital Information

Was the Medical treatment done: On-Campus Off-Campus (If off campus, fill out additional information)

Physician/Hospital Name _____

Address of Physician/Hospital _____

Physician/Hospital phone number _____

Treatment received by Physician/Hospital _____

Will there be additional treatment past the date of accident? Yes No

What additional treatments will occur and for how long? _____

Will there be any residual health issues after treatment period? Yes No

If yes, what residual health issues will there be? _____

Witnesses

Name _____ MTSU employee MTSU student

Address _____

Phone number _____

Name _____ MTSU employee MTSU student

Address _____

Phone number _____

Name _____ MTSU employee MTSU student

Address _____

Phone number _____

I certify that the above information is true and correct to the best of my knowledge. I understand that knowingly filing a false incident report may constitute fraud and may result in prosecution.

Signature of injured _____

Date _____

Signature of person completing report (if different) _____

Date _____