

Accident Report



Rhode Island College Student Activities
Student Union 408
(401) 456-8034
http://www.ric.edu/student_activities/

Please complete this form if there is a major accident or injury at an event and bring a copy to Student Union 408.

Name of Injured: _____ Sex: _____ Age: _____

Address: _____

Phone number: _____ EMPL ID _____

Status:

Member: _____ Guest _____ Other (specify) _____

Location of Accident: _____ Date: _____ Time: _____

If injured during an activity, was the activity supervised? Yes _____ No _____

Staff Member on duty _____

Description of accident:

Apparent Nature of Injury:

First Aid administered by: _____

First Aid Treatment provided: _____

Witness(es):

Name: _____ Telephone: _____

Current Address: _____ EMPL ID _____

Name: _____ Telephone: _____

Current Address: _____ EMPL ID _____