

*Do not use this form to report employee injuries.  
Email or fax this form to Risk Management within 48 hours of the incident.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Status: Student  Visitor  Volunteer  Sex:  Male  Female  
Home Address: \_\_\_\_\_ School or Company: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Campus:  North  South  
Time and Date of Incident: \_\_\_\_\_ Was DPS contacted?  Yes  No  
If Applicable - SLU Course Instructor: \_\_\_\_\_

1. How did the incident occur? (explain in detail)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What activity was being done at the time of the incident?  
\_\_\_\_\_  
\_\_\_\_\_

3. Did the incident lead to an injury? Be specific? \_\_\_\_\_ Was medical treatment needed?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

**Witness's Information**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Witness's account of event:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Report Filer's Information**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Report Filer's account of event:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_