MILLERSVILLE UNIVERSITY
STUDENT ACCIDENT REPORT FORM

(For Non Work-Related Accidents/Injuries)

<table>
<thead>
<tr>
<th>Date of Report: __________________</th>
<th>Date of Accident: _______________</th>
<th>Time of Accident: ____________ am ____________ pm</th>
</tr>
</thead>
</table>

Name of Injured Person: ___________________________ Phone # __________________

Soc. Sec. No. ___________________________ M# ___________________________

Where did the accident occur?

Department __________________ Building __________________

Location/Room ___________________________

Cause and description of accident: ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Action taken: ______________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If the injured person is escorted to Witmer Health Services or the ER for medical aid, the signature of the instructor or the University Police Officer who accompanies the individual is to be given below.

Signature of Escort: __________________________________________________________

Form Completed by: ___________________________ Dept: __________________________

Telephone: ___________________________

Return Completed Form To: Mr. Patrick Weidinger, Environmental Health and Safety, Human Resources

c., Witmer Infirmary
Dean’s Office or Department Chairperson
University Police
Other ___________________________

Update Nov 2013