

**MILLERSVILLE UNIVERSITY
STUDENT ACCIDENT REPORT FORM**

(For Non Work-Related Accidents/Injuries)

Date of Report: _____	Date of Accident: _____	Time of Accident: _____	am pm
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Name of Injured Person: _____ Phone # _____

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. Paul Hill, Director of EHS, Palmer Building

cc: Witmer Infirmary
Dean's Office or Department Chairperson
University Police
Other _____

Update 9.1.2022