# ACCIDENT INFORMATION FORM

**FIRST REPORT OF ACCIDENT/INCIDENT**

# UNIVERSITY OF WYOMING

**OFFICE OF RISK MANAGEMENT**

**PLEASE COMPLETE ALL OF SECTION A AND ANY OF SECTIONS B-D THAT ARE RELEVANT TO THIS ACCIDENT/INCIDENT**

## SECTION A — ACCIDENT/INCIDENT DETAILS

**REPORTED BY (WHO IS COMPLETING THE FORM):**

**Name:** _____

**Address:** _____
Street Address City State Zip Code

**Contact Information:** _____
Primary Secondary

**Persons Involved:** ☐ Faculty ☐ Staff ☐ Student ☐ Visitor

**Department:** _____

**Supervisor:** _____ **Contact Information:** _____

**OTHER PARTY/PARTIES INVOLVED IN ACCIDENT/INCIDENT:**

**Name:** _____

**Address:** _____
Street Address City State Zip Code

**Contact Information:** _____
Primary Secondary

**Persons Involved:** ☐ Student ☐ Faculty ☐ Staff ☐ Visitor

**Purpose of Visit on Campus:** _____

| Date and Time Accident/Incident | Date and Time Reported |
|---|---|
| _____ /_____ /_____ Month Day Year | _____ /_____ /_____ Month Day Year |
| _____ A.M. _____ P.M. | _____ A.M. _____ P.M. |

**LOCATION OF INCIDENT/ACCIDENT**

**Campus Location:**

☐ Main Campus ☐ Off Campus ☐ Other

☐ Building: _____ Room No: _____ Contact Info: _____

☐ Campus Grounds Location: _____

**INCIDENT TYPE: (Check All That Applies)**

- ☐ **Personal Injury/Illness**
- ☐ **Vehicle Accident**
- ☐ **Property Damage**
- ☐ **Work Related**
- ☐ **Other** _____

**Brief Description of Accident/Incident:** _____

**FULL NAME OF INJURED PARTY:** _____ **DATE OF BIRTH:** _____ **SSN OR UW ID #:** _____

**WERE ANY OF THE FOLLOWING CONTACTED: Y=Yes N=No** (Check All That Apply)

**SUPERVISOR:** ☐**Y** ☐**N** **UW POLICE :** ☐**Y** ☐**N** **HEALTH & SAFETY DEPT:** ☐**Y** ☐**N**

**EMERGENCY MEDICAL STAFF:** ☐**Y** ☐**N** **PARENT:** ☐**Y** ☐**N** **NON-UW LAW ENFORCEMENT :** ☐**Y** ☐**N**

**WHAT HAPPENED TO THE INJURED PARTY:** ☐First Aid Administered ☐Refused Treatment/Transport ☐Left With Friend

☐Transported to Hospital ☐Returned to Work ☐ Went Home ☐ Went to Physician ☐ Unknown

## SECTION B — PERSONAL INJURY

*if the injured person is a University employee a separate workers' compensation report must be made to human resources*

Part of Body Injured: _____ Multiple Injuries: ☐Y ☐N _____

**Cause of Any Injury (check all that apply):**

☐Slip/Fall ☐ Classroom/Laboratory Related ☐Burn ☐ Cut/Puncture/Scrape ☐ Strain/Overexertion ☐Slip/Fall on Ice

☐ Slip/Fall on Stairs ☐ Repetitive Motion Injury ☐ Other

**Weather Condition(if outdoors):** _____

Witness Name(s): _____ Contact Info: _____

Witness Name(s): _____ Contact Info: _____

**WAS INJURY A RESULT OF THE USE A MOTOR VEHICLE:** ☐ **YES** ☐ **NO** **(If yes, complete Section C)**

## SECTION C AUTO ACCIDENT ONLY

**DRIVER/VEHICLE INFORMATION**

Name of Insured (for the reporting party): _____

Department: _____

Driver's License Number: _____

DOB: ____/____/____ State: _____

Description of Vehicle: License Plate Number: _____

Make: _____ Model: _____ Year: _____ Color: _____

Owner: _____

**Any Injuries?:** _____

Name of Other Driver: _____

Driver's License Number: _____

DOB: ____/____/____ State: _____

Description of Vehicle: License Plate Number: _____

Make: _____ Model: _____ Year: _____ Color: _____

Insurance Carrier: _____

Policy Number: _____ Phone Number: _____

**Auto Accident Location Type:**
- ☐ Intersection
- ☐ City Street
- ☐ Highway
- ☐ Parking Lot
- ☐ Other

**Type of Accident:**
- ☐ Collision Involving Other Vehicle
- ☐ Collision With Stationary Object
- ☐ Collision With Animal
- ☐ Roll Over
- ☐ Collision With Bicycle/Pedestrian
- ☐ Loss of Control
- ☐ Backing Accident
- ☐ Comp/Collision
- ☐ Other: _____

## Section D Property Damage

Cause of Damage(s): Building/Property Secured: ☐Yes ☐No

- ☐ Vandalism
- ☐ Wind
- ☐ Water
- ☐ Arson
- ☐ Other _____
- ☐ Fire/Smoke
- ☐ Other Acts of Nature

Was Building Occupied: ☐Yes ☐No Was anyone injured: ☐Yes ☐No

Facility Manager: _____ Contact Info: Primary: _____ Secondary: _____

Witness Name(s): _____ Contact Info: _____

Witness Name(s): _____ Contact Info: _____

**Return Completed Form to UW Risk Management 247 Knight Hall, fax (307) 766-3024 or email risk@uwyo.edu for questions call (307) 766-5767**