

**CWU Student/Visitor Accident Report Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Student  Visitor

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ CWU ID: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  am  pm

Where did the accident occur? \_\_\_\_\_

Type of injury: \_\_\_\_\_ Part of body injured: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_  am  pm Reported to: \_\_\_\_\_

Description of accident (Include activities at the time of the accident, specific location, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Factors contributing to incident/accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tools, chemicals, or equipment involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Suggestions for correcting conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witness Information (name, address, and phone number): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Treatment:  First Aid  Sent Home  Emergency Room  Sent to physician  Admitted to Hospital

Physician's Name: \_\_\_\_\_ Name of Hospital: \_\_\_\_\_

Medical treatment received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree, to the best of my ability and knowledge, that all information I have given above is true and correct.

Signature of Injured Student / Visitor: \_\_\_\_\_

If Applicable - Name of Staff Member filling out form (print legibly): \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Send completed form to one of the following: Scan and e-mail to [EHS@cwu.edu](mailto:EHS@cwu.edu); Fax to 509-963-2238; or mail to the attention of Office of Environmental Health & Safety, 400 E. University Way, Ellensburg, WA 98926-7440