

# Clemson University Learning Institute

## Incident/Accident Report

Group \_\_\_\_\_  
Policy #: \_\_\_\_\_

When an incident or accident occurs, complete this form and turn it in to the Center's Receptionist within 24 hours.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm Reporter: \_\_\_\_\_

### \*\*\*Personal Data of Involved Party\*\*\*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Circle: Male Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_  
Contact Person (Name/Phone): \_\_\_\_\_ Were they contacted: Yes No

### \*\*\*Incident/Accident Data\*\*\*

Location: \_\_\_\_\_  
Equipment involved: \_\_\_\_\_  
Detailed description of what happened:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Witnesses:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Was the incident reported to security/police: Yes \_\_\_\_\_ No \_\_\_\_\_ Officer's Name: \_\_\_\_\_  
Name of Police Department responding: \_\_\_\_\_

### \*\*\*Injury/Illness Information\*\*\*

Was injury sustained? Circle: Yes No Please explain injury or illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was EMS called? When? \_\_\_\_\_

Was victim transported to a medical facility? Circle: Yes No  
By EMS or other vehicle (if other, by whom)? \_\_\_\_\_  
Name of medical facility: \_\_\_\_\_

### \*\*\*Action Taken\*\*\*

Name of staff member (s) who responded to situation: \_\_\_\_\_  
Describe actions taken (including any corrective measures):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receptionist's signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Director's signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_